

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

4783

1476

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis mo (No. St. Johns Hospital) St. Ward)

2. FULL NAME Sarah Jane Meyer

(a) Residence, No. St., NR Ward. Hardin Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. / ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Meyer

22. I HEREBY CERTIFY, That I attended deceased from Aug 30th 1938, to Feb 13th 1939
I last saw her alive on Feb 13th 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 5

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Acute Nephritis
Caused by chronic nephritis
non pyeliferal

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Jerseyville (STATE OR COUNTRY) Illinois

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

13. NAME Jane M. Rhoads

14. BIRTHPLACE (CITY OR TOWN) Rickbridge (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Maud Squier

16. BIRTHPLACE (CITY OR TOWN) Hardin (STATE OR COUNTRY) Illinois

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Henry C. Meyer (ADDRESS) Hardin, Ill

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Ill DATE 2-13 1939

19. UNDERTAKER Sutter Funeral Home (ADDRESS) Kampsville Ill

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robert Williams, M. D.
(Address) 990 Creede Bldg

20. FILED J. D. Brubaker Registrar

FEB 15 1939

1976

1976

Embalmed by Howard H. Powell
L.C. No 3114
Plains, Mo