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Form X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8916

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2399

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 23
(If outside city or town limits write "RURAL")

(d) Street No. 2430 McNair
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Katie Meyers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Meyers

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased March (Month) 15 (Day) 1856 (Year)

8. AGE: Years 83 Months 11 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Martin Zintel

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name Fransica Hermetta

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Louise Skay

(b) Address 2430 McNair

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 '40 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter-Paul

18. (a) Signature of funeral director Schumacher Undt Co

(b) Address 3013 Meramec

19. (a) MAR 12 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1940 hour 3.00 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to with metastases

Due to to abdominal nodes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph McGinn (M. D. or other)

Address Doctor City Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Clarence Lochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Lochow

Licensed Embalmer No. 3093

P. O. Address 3013 Metaine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.