No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36866

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9139

FILED DEC 11 1940

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: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington

(c) City or town Stone Church (If outside city or town limits, write "RURAL") NR

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

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

3. (a) PRINT FULL NAME Oren E. W. Meyer

3. (b) If veteran, name war No.

3. (c) Social Security No. 495-14-6376

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May (Month) 6 (Day) 1921 (Year)

8. AGE: Years 19 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Stone Church (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Swift & Co.

MOTHER FATHER

12. Name William F. C. Meyer

13. Birthplace Stone Church (City, town, or county) Illinois (State or foreign country)

14. Maiden name Emma Koester

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

16. (a) Informant W. F. Meyer

(b) Address Stone Church, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Johannisburg, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) NOV 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1940 hour 10 minute 10 a. M.

21. I hereby certify that I attended the deceased from 8-19, 1940, to 11-4, 1940 that I last saw him alive on 11-3-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into brain

Due to Brain Tumor

Due to Malignant

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations

Of autopsy Brain Tumor, Hemorrhage into brain

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) no

(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 E. A. Tanache (M. D. or other)

Address 4885 Natural Bridge Date signed 11/4/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Guy W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.