

10-39  
-39  
121492

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 190

**1. PLACE OF DEATH:**

(a) County St. Charles

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

(c) Name of hospital or institution:  
720 Adams St  
(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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME MRS. MARY SCHMIE MEIER

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 Married

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

7. Birth date of deceased November 8<sup>th</sup> 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business 6

MOTHER FATHER { 12. Name Mrs. F. Baize

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

14. Maiden name Mathewina Bruckman

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

16. (a) Informant Fred Wendick

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dreiders Cemetery - St. Charles MO

18. (a) Signature of funeral director Richard W. Baum

(b) Address 326 N 6th St St. Charles, MO

19. (a) Nov 2, 1940 (b) Clarence S. Meiser  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 720 Adams St  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 1  
year 1940 hour 21 minute 55 A. M.

21. I hereby certify that I attended the deceased from Oct 25, 1940, to October 31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

\*Address 100 E. Main St. Date signed 11/1/40

Duration 6 days

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

**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 William C. Bone

Licensed Embalmer No. 3145

P. O. Address St Charles Mo

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

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