

2  
12-40  
7-39  
X23159

FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4072

State File No. ....

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 9

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: 420 Jackson St 1  
(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)

3. (a) PRINT FULL NAME MRS. ELIZA LAYNER MEIER

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Female 5. Color or race White

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

6. (b) Name of husband or wife Herman Lauvermeier

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

7. Birth date of deceased January 2nd 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 13  
If less than one day..... hr. .... min.

9. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER { 12. Name Fred Meyeyer

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

14. Maiden name Caroline Ebner

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

16. (a) Informant Theo. Lauvermeier

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Jan. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hackmann-Bauer

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

19. (a) 1-17-41 (b) Blairance S. Heesler  
(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. 420 Jackson St  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16  
year 1941 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 16, 1941, that I last saw her alive on Jan 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 3 day

Due to Chronic hypoxemia

Due to.....

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings: Of operations.....

Of autopsy.....

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?  
67A (Specify type of place) (e) Means of injury.....

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

Address St. Charles, Mo. Date signed 1-17-41

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.....

Licensed Embalmer No. *3126*

P. O. Address *St Charles Mo*

**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, fact should be so stated above.**