

LED MAR 19 1941

Registration District No. 257 Primary Registration District No. 3036 Registrar's No. 24

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

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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two weeks
(Specify whether years, months or days) life time

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 604 Curry St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Daisy Dell Meyer
(b) If veteran, name war L
(c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 5th day Wed
year 1941 hour 8-15 minute P:M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife William H. B. Meyer
8. (c) Age of husband or wife if alive 68 years
9. Birth date of deceased Feb 7 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1941, to Feb 5 1941,
that I last saw her alive on Feb 5 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 11 Days 28
If less than one day hr. min.

Immediate cause of death Cerebral
atheria, secondary
hemorrhage.
Due to Resection Adeno carcinoma
Recto sigmoid.

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

Due to Adeno Carcinoma Recto Sigmoid
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business L
12. Name C. Smith
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Jones
15. Birthplace Not known MO
(City, town, or county) (State or foreign country)

Major findings: Adeno carcinoma 4 1/2
Recto Sigmoid
Of autopsy secondary hemorrhage
operative site of colon

16. (a) Informant Mr. W. H. B. Meyer
(b) Address 504 Clay St
17. (a) Burial (b) Date thereof Feb. 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Lutheran cemetery

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? ✓

18. (a) Signature of funeral director Clarence G. Mueller
(b) Address 424 Jefferson
19. (a) 2-5-41 (b) Clarence G. Mueller
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place) (c) Means of injury.
23. Signature Vernon A. Schmidt (M. D. or other) MD
Address St. Charles, MO Date signed 2/6/41

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 *Mavis Munday*

Licensed Embalmer No. *2461*

P. O. Address *Haverly 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.