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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16660

Registration District No. 7911 — Primary Registration District No. 1003 — Registrar's No. 4178

**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: Firmin Desloge 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 000

(c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3429 Humphrey St. 7
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARTHA CARROLL MEYER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred G. Meyer

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. (Month) 17th (Day) 1888 (Year)

8. AGE: Years 52 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Oliver Perry Hyde

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

MOTHER 14. Maiden name Emma Miller

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

16. (a) Informant Fred Meyer

(b) Address 3429 Humphrey St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 19 1941 (Date received local registrar) J. C. Becker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 16th year 1941 hour 830 minute P M.

21. I hereby certify that I attended the deceased from Jan. 25, 1941, 19..., to May 16, 1941; that I last saw her alive on May 16, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Nephritis | 2 mo |
| Due to Hypertensive Vascular Disease | 10 yrs? |
| Other conditions (Include pregnancy within 3 months of death) None | |

Major findings: Of operations None

Of autopsy None

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 E. Lee Shrader (M. D. or other)

Address 3720 Washington Date signed 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

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

Dr E. Lee Shrader
at Mesbage Hosp.

**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 Reinhold K. Lohrman

Licensed Embalmer No. 3395

P. O. Address.....

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

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