

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED JUL 12 1941

21318

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 3007 Registered No. 21318
 (c) City " (d) Street No. " (If death occurred in Hospital or Institution, write its name instead of street and number) St. "
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. "

2. PRINT FULL NAME Nora B Meyer

(a) Residence, No. 51 7th Park St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2x Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nurse
 9. Industry or business in which work was done, as saw mill, bank, etc. Hospital
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance Mo.FATHER 13. NAME G. I. Bollinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Mo.MOTHER 15. MAIDEN NAME Caroline Mooney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo.17. INFORMANT (ADDRESS) Edward Meyer Cape Girardeau Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo. Cem. DATE June 2, 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co. Cape Girardeau Mo.20. FILED 6-1-41 J. J. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 194122. I HEREBY CERTIFY, That I attended deceased from May 7, 1941, to June 1, 1941.I last saw her alive on June 1, 1941. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast

Date of onset

Other contributory causes of importance:

Generalized CarcinomatosisName of operation Rem. of Breast Date of 5 years 4m

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl B. Zimmerman M.D.(Address) Cape Girardeau

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

J. W. Ruster

Licensed Embalmer No. *3980*

P. O. Address *Cape Girardeau*

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, above space should be left blank.