

DEC 31 1941

Registration District No. 78x

Primary Registration District No. 200

Registrar's No. 2597

1. PLACE OF DEATH:

(a) County St Louis  
 (b) City or town Sappington Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home / Sappington Rural Route  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 60 years  
(Specify whether years, months or days)  
 In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
Rural  
(If outside city or town limits, write "RURAL")  
 (c) City or town  
 (d) Street No. Sappington R. Route  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 60 years.

8. (a) PRINT FULL NAME

Lisetta Meyer

8. (b) If veteran, name war

8. (c) Social Security No. NO

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph Meyer

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

7. Birth date of deceased Oct. 4 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 16  
 If less than one day hr. min.

9. Birthplace unknown germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
 { 12. Name unknown  
 { 18. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name unknown  
 { 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. H. Stamp

(b) Address Sappington R. Route

17. (a) burial (b) Date thereof Dec. 23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset. Affton Mo

18. (a) Signature of funeral director Tennet H. Cook

(b) Address 119. E. 60th St. St. Louis Mo

19. (a) DEC 22 1941 (b) Mr. Stamp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20  
 year 1941 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 9 1939 to Dec 20 1941; that I last saw her alive on Dec 19 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocarditis 2 yrs

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

Due to gtd

Other conditions (Include pregnancy within 3 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?

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

23. Signature Andrew Youngman (M. D. or other) \_\_\_\_\_

Address Sappington Mo Date signed 12/22/41

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

REV. 8-17-39 1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

25.3.

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**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

*Kenneth H. Koch*

Licensed Embalmer No.

*3047*

P. O. Address

*Fenton, 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, above space should be left blank.**

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