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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 619

FILED FEB 24 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 992

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: BARNES HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County
(c) City or town Staunton N R II
(If outside city or town limits, write "RURAL")
(d) Street No. Main Street 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Meyer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John George

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

7. Birth date of deceased Oct (Month) 6 (Day) 1865 (Year)

8. AGE: Years 76 | Months 3 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Riese
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Meyer
(b) Address 4631 Fresnel Av.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Staunton, Ill.

18. (a) Signature of funeral director Albert W. Hoppe
(b) Address 4700 Washington Av.

19. (a) JAN 31 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1942 hour 9 50 minute p M.

21. I hereby certify that I attended the deceased from Dec 29 1941, to Jan 30 1942
that I last saw h is alive on Jan 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to 127a

Due to

Other conditions Post-operative
(Include pregnancy within 3 months of death)
Cholecystectomy

Major findings:
Of operations chronic cholecystitis
no stones

Of autopsy

Duration

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 FR Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 1-31-42

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

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.