

FILED MAR 31 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County St. Charles
 (b) City or town Wentzville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ivan DeMott Meyers

3. (b) If veteran, name war 3. (c) Social Security No. 494-01-8304

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian G. Meyers 6. (c) Age of husband or wife if alive 3 years
 7. Birth date of deceased May 29 1904
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>9</u>	<u>27</u>	hr. min.

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

10. Usual occupation Carpenter

MOTHER FATHER

11. Industry or business
 12. Name Carlisle M. Meyers
 13. Birthplace Bartonsville, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Dixon
 15. Birthplace Ogden, Utah
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillian G. Meyers
 (b) Address Wentzville, Mo.
 17. (a) Cremation (b) Date thereof March 30 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director J. E. Peterson
 (b) Address Wentzville, Mo.

19. (a) Mar 28 (b) Gertrude S. Fawcett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
 (c) City or town Wentzville, Mo. 93
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location) 0
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country: "

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26th
 year 1942 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw him alive on Coronero Inquest
 and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation self inflicted
 Due to
 Due to

Other conditions Dementia precoc.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations no
 Of autopsy no 1640

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) suicide
 (b) Date of occurrence Mar 26, 1942
 (c) Where did injury occur? Wentzville, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home wentzville, Mo.
 While at work? no. (Specify type of place) (e) Means of injury hanging
 23. Signature J. Perwick Schuck (M. D. or other) MD
 Address St. Charles, Mo. Date signed 3/27/42

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

2
 0
 0

681

42

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.....
T. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, 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.