

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **83**

94
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington St. Francois, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **State Hospital #4 2**
(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:

(a) State **Missouri** (b) County **94**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **6067 W. Cabanne Place**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Kate A. Meyer**

3. (b) If veteran, name war.....

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

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

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

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

7. Birth date of deceased: **Jan. 25 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	5	10 hr. min.

9. Birthplace **St. Louis** (City, town, or county) **0** (State or foreign country)

10. Usual occupation **ProdComm. Merchant**

11. Industry or business **Meyer Vasquey Produce Co.**

MOTHER FATHER { 12. Name **Julius Meyer**

13. Birthplace **Trenton, New Jersey** (City, town, or county) (State or foreign country)

14. Maiden name **Hermine Lentmann**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Caroline Dilschneider**

(b) Address **6067 W. Cabanne Place**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **July 7 42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **1225 Union Blvd.**

19. (a) **7-7-42** (Date received local registrar) (b) **Byrdie Buhmester** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5** year **1942** hour **8 am** minute **7** M.

21. I hereby certify that I attended the deceased from **February 19th**, 1941 to **July 5th**, 1942; that I last saw h...er alive on **July 4th**, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis, generalized & mixed**

Due to.....

Due to.....

Other conditions **Psychosis with Cerebral Arteriosclerosis**
(Include pregnancy within 3 months of death) **18 months**

Major findings: **No operations** **97**

Of operations.....

Of autopsy **no 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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **C. C. Quitt** (M.D. or other) **M.D.**

Address **Farmington, Mo.** Date signed **7-5-42**

RECEIVED

District Health Officer No. 4
District File Number 842-980
Date Filed 8-10-42

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 G. W. Wilkins

Licensed Embalmer No. 3878

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.