S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26734

Registrar's No. 817

**1. PLACE OF DEATH:**

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
606 North 9th. Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 64 yrs. 3 mos. 20 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County Buchanan 11

(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL") 7

(d) Street No. 606 North 9th. Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lillian Meyer,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 24th. 1878
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 3 | 20 | hr. min. |

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Julius Meyer,
13. Birthplace Hanover, Germany, 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Silverman
15. Birthplace Detroit, Michigan, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Meyer
(b) Address 606 South 9th. Street,

17. (a) Burial (b) Date thereof 8/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adath Joseph Cemetery

18. (a) Signature of funeral director Heaton-Bergen & Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) 8-16-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

1233

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 14th.
year 1942 hour 7:00 minute 20p M.

21. I hereby certify that I attended the deceased from Aug 5 1939, to Aug 14 1942
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death arteriosclerosis general | 2 |
| arteriosclerotic heart disease | |
| Due to arteriosclerotic kidney disease | |
| Due to Hypertension | |
| auricular fibrillation | Jan '942 |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

131a

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 S. P. Senor M.D. (M. D. or other)

Address St. Joseph, Mo. Date signed 8-15-42

(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 Aug. 14, 194

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 Iowa St Joseph M

**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.**