

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31385

State File No.

Registrar's No.

FILED OCT 6 1942

Registration District No. 202

Primary Registration District No. 202

1854

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: 9845 Linn ave.
(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 St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9845 Linn ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 3
Year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from JULY 18
1942 to SEPT 3, 1942
that I last saw h — alive on SEPT 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma
metastasis into stomach
Due to and liver

Duration

unk.

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)
(a) Means of injury _____

28. Signature Dean H. Mowry D.O. (M. D. or other)
Address 9439 Steiny Date signed Sept 4 1942

3. (a) PRINT FULL NAME William C. Meister

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 23 hr. _____ min.

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

10. Usual occupation Mill

11. Industry or business _____

12. Name John Meister

18. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Meister
(b) Address 9845 Linn ave. Lemay, Mo.

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

(c) Place: burial or cremation St. Trinity Luth. Com.

18. (a) Signature of funeral director W. G. Meister No. 2 Co.
(b) Address 7814 S. Broadway

19. (a) SFP - 5-1042 (b) Dean H. Mowry
(Date received local registration) (Registrar's signature)

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.....

Homer C. Dill

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

working under my personal supervision.

Signed *Edwin H. Leisinger*.....

Licensed Embalmer No. *4049*.....

P. O. Address *6464 Chippewa*.....

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.