

S. No. 2
1-9-4-41
5-17-39
I X2942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12499

FILED MAY 12 1943 18

State File No.
Registrar's No. 4111

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Anthony
(c) Name of hospital or institution: St. Anthony Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Calhoun
(c) City or town Hardin
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country 2

3. (a) PRINT FULL NAME Antoinette Meyer
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1943 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from April 29, 1943
May 2 1943 to May 2 1943

5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C. Meyer
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased: June 21 1909
(Month) (Day) (Year)

that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Abcess in
left lower extremity for Tetis
Duration

8. AGE: Years 33 Months 10 Days 21
If less than one day hr. in.

Due to 12:45
Due to

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

Other conditions Shingles, small pox, 14 inches of small intestine
Major findings: Of operations: Gynec. postoperative developed
abcess lower right side
Of autopsy: ganges of the mesentery of small gut
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business
12. Name Clara Banguan
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Berguth
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Henry C. Meyer
(b) Address Hardin Illinois
17. (a) Renova (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisville Ky.
18. (a) Signature of funeral director Clara T. Shaw
(b) Address 225 Union Blvd.
19. (a) MAY 2 1943 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature J. J. Bredeck (M. D. or other)
Address 990 Great West Date signed 5/4/43

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

MOTHER FATHER

1065 Beryford

The license is...

of the...

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 *Sy W Wilkinson*
Licensed Embalmer No. 3575

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.