

FILED FEB 25 1944

Registration District No. **3**

Primary Registration District No. **3006**

Registrar's No. **30**

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

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Ellis Tschel State Cancer Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren** **109**
(c) City or town **Treloar** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R#1** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Edmund Mayer**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Male** 5. Color or Face **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Meyer** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **September 12 1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **5** Days **4** If less than one day hr. min.

9. Birthplace **Warren Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Road Overseer**

11. Industry or business **—**

12. Name **Fritz Meyer**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Isabella Sprick**

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

16. (a) Informant **Pt. (Edmund Meyer)**

(b) Address **Treloar, Mo. R#1**

17. (a) **Burial** (b) Date thereof **2-8-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **—**

18. (a) Signature of funeral director **F. W. Nieling et al.**

(b) Address **Warrenton, Mo.**

19. (a) **2-5-44** (b) **E. Anna H. Barber**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5** year **1944** hour **8** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **January 21**, 1944, to **February 5**, 1944; that I last saw him alive on **February 5**, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-respiratory failure**

Due to **generalized metastasis of a embryonal carcinoma of left testis.**

Other conditions (Include pregnancy within 3 months of death) **51C**

Major findings: Of operations **—**

Of autopsy **generalized metastasis**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 **0**

23. Signature **Nathaniel Lung** (M. D. or other) **MD**

Address **Mo. State Cancer Hosp.** Date signed **2/5/43**

1250

FFB 25 1942

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 John F. Michur
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.