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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1944
Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24472
State File No. _____
Registrar's No. 175

Primary Registration District No. 3016

26
5
4

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1424 West Main 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 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1424 West Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Sadie 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 Widow
6. (b) Name of husband or wife John A. Meier 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 24 hr. _____ min.

9. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Seidel
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Erhardt
15. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Meyer
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery
(d) Signature of funeral director Thos J Gordon

(b) Address Jefferson City, Missouri
19. (a) 8-1-44 (b) Thomas Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 P
year 1944 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw her alive on July 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 8301

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)
Means of injury _____

23. Signature J. B. Buel (M. D. or other) MD
Address Jefferson City, Mo Date signed 8/1/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 8-8-44

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 Jerri P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.