

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 2 1945
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41814**
Registrar's No. **86**

Primary Registration District No. **3097**

1. PLACE OF DEATH:
(a) County **Perry**
(b) City or town **Perryville**
(c) Name of hospital or institution: **219 S. Jackson St.**
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Perry**
(c) City or town **Perryville**
(d) Street No. **219 S. Jackson St.**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Joseph Martin Meyer**
3. (b) If veteran name war _____ 3. (c) Social Security No. **484-07-5224**

20. DATE OF DEATH: Month **December** day **25th** year **1944** hour **11:55** minute **P.** M.

MEDICAL CERTIFICATION

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Amelia Bauer** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **February 3, 1880**

21. I hereby certify that I attended the deceased from **July 15**, 19**44** to **Dec 25**, 19**44** that I last saw him alive on **Dec 25, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **9 mon**

8. AGE: Years **64** Months **10** Days **22** If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **46 lb**

9. Birthplace **Perry County Mo.**
10. Usual occupation **Miller**

11. Industry or business _____
12. Name **Louis H. Meyer**
13. Birthplace **Perry County Mo.**
14. Maiden name **Elizabeth Buehler**
15. Birthplace **Perry County Mo.**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Amelia Meyer**
(b) Address **Perryville, Mo.**
17. (a) **Burial** (b) Date thereof **12-28-1944**
(c) Place: burial or cremation **St. Boniface Cemetery**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Ray General Honeal**
(b) Address **Perryville, Mo.**
19. (a) **12-27-44** (b) **J. H. Elder**

While at work? _____ (Specify type of place) _____
(c) Means of injury **0**
23. Signature **O. Carr** (M. D. or other) _____
Address **Perryville Mo** Date signed **12-26-44**

1524

(Licensed Embalmer's Statement on Reverse Side)

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

9
1
1

MAR 7 1945

RECEIVED

District Health Officer No. 4
District File Number 145-15
Date Filed 1-5-45

APR 23 1945

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 Albert Bay

Licensed Embalmer No. 3866

P. O. Address Seaville, 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.