

S. No. 2  
M-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
FILED JUL 22 1946 STANDARD CERTIFICATE OF DEATH

22779

State File No.

Registrar's No. 809

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Mo. Mo. Methodist Hosp. O  
(d) Length of stay: In hospital or institution 17 days  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 202 So. 20th St.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July 17 day 17 year 1946 hour 8 minute 45 A.M.

4. Sex Female  
5. Color white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased September 14 1884 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 16 1946 to July 16 1946 that I last saw her alive on July 9 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 10 Days 3 If less than one day hr. min.

Immediate cause of death  
Due to Carcinomatosis of entire abd. 3 mo.  
Due to Carcinoma of ovary 1 yr.

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation School Teacher  
11. Industry or business Public School System

Other conditions (include pregnancy within 3 months of death) 496

12. Name Julius Meyer  
13. Birthplace Hanover Germany (City, town, or county) (State or foreign country)  
14. Maiden name Carrie Silverman  
15. Birthplace Detroit Michigan (City, town, or county) (State or foreign country)

Major findings: Carcinoma of ovary (first op.) Carcinoma of uterus (2d op.)  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Meyer  
(b) Address St. Joseph, Mo.  
17. (a) Burial (b) Date thereof July 19/46 (Month) (Day) (Year)  
(c) Place: burial or cremation Adath Joseph 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? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Neaton, Beale & Bourneau  
(b) Address St. Joseph, Mo.  
19. (a) July 20 1946 (Date received local registrar)  
(b) [Signature] (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature G. T. Blomquist M.D. or other  
Address 1218 N. 32 St. Joseph, Mo. Date signed 7/17/46

JK (Licensed Embalmer's Statement on Reverse Side)

SEP 25 1952

1918

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, Raymond H. Prehead

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Raymond H. Prehead

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St, Joseph, 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.