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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24703

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 115

12
9
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

23550

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
826½ North Second Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 94

(c) City or town St. Charles 1
(If outside city or town limits, write "RURAL")

(d) Street No. 826½ North Second Street 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary G. Meyer

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex 82 1

5. Color or race 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 May 6 (Month) 1864 (Day) (Year)

8. AGE: Years 82 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Meyer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Cecelia Eisman
15. Birthplace unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Hilda Meyer (sister)
(b) Address 826½ N. Second-St.Charles,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) July 26-46 (Date received local registrar) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day July year 1946 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from 4-4, 1944, to 7-18, 1946, that I last saw her alive on 7/18, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardiac Decompensation	6 Wks
Due to: General Arteriosclerosis	?
Emphysema Hypertension	?
Due to	
Other conditions: Repeated Apoplexy (Include pregnancy within 3 months of death)	2 yrs
Senile Dementia	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. O. Hayden, M.D. (M. D. or other)

Address St. Charles, Mo. Date signed 7/19/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-30-46

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 Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St Louis

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.