S. No. 3
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17886

State File No.

Registration District No. 162 Primary Registration District No. 5595 Registrar's No.

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town ROCK TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFE 78 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. NEAR IMPERIAL (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE MEYER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
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 (Month) 1 (Day) 1869 (Year)
8. AGE: Years 78 Months 0 Days 12 If less than one day hr. min.
9. Birthplace KIMMSWICK (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business HOUSEWORK
MOTHER FATHER
12. Name UNKNOWN
13. Birthplace " (City, town, or county) " (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant MRS JOHN KNOLL SR.
(b) Address KIMMSWICK MO RR 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16 1947 (Month) (Day) (Year)
(c) Place: burial or cremation KIMMSWICK CEMETERY
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO RR2
19. (a) May 15 47 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1947 hour 5 minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes / Presumably Heart — Duration
Due to Ailment
Due to
Other conditions (Include pregnancy within 3 months of death)
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 T. A. Edwards (M. D. or other)
Address Cedar Hill Date signed 5/13/47

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1947

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-24-47

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 Elmer A. Eilington

Licensed Embalmer No. 3577

P. O. Address Kimmswick 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.