S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10478

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3007

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 4 weeks

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

3. (a) PRINT FULL NAME GUS MEYER
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 27, 1876 (Month) (Day) (Year)
8. AGE: Years 71 Months 2 Days 29 If less than one day hr. min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Farmer (retired)
11. Industry or business
MOTHER FATHER
12. Name John Meyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Fredricka Engelman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Rose Stovicek
(b) Address 6054 Hancock Avenue
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Seymour, Missouri
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) MAR 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 26 year 1948 hour 8: minute 30 AM
21. I hereby certify that I attended the deceased from March 2, 1948, to March 26, 1948 that I last saw him alive on March 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the cecum.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Large mass around cecum, causing obstruction.
Of autopsy

PHYSICIAN
Underline the cause of 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 [illegible]
Address 4930 Lindell Blvd. Date signed 3/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

3107

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 C. W. Cooper

Licensed Embalmer No. 13830

P. O. Address 2301 Lafayette

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.