

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

FILED OCT 23 1948 **318**

State File No. _____

Registration District No. _____ Primary Registration District No. _____

Registrar's No. **8822**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: De Paul
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALMA MEYER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joseph J. Meyer 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased February 22, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Schifferdecker
 13. Birthplace not known
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Piermont
 15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph J. Meyer
 (b) Address Belleville, Ill.

17. (a) Burial (b) Date thereof Oct. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cmty Belleville, Ill.

18. (a) Signature of funeral director West
 (b) Address Belleville, Ill.

19. (a) OCT 11 1948 (b) J. B. Sasater
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town Belleville
(If outside city or town limits, write "RURAL")
 (d) Street No. 2217 W. Washington
(If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
 year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from 9/8/48
 to 10/7/48

that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor Duration 3 mos.

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operation Brain Tumor
 Of autopsy Malignant glioma
Brain tumor

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? no

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Samuel A. Smolke (M. D. or other) md
 Address 10/11/48 Date signed Belleville, Ill.

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 *Edgar C. Baldus*
Licensed Embalmer No. *2846*
P. O. Address *Belleville, Ill.*

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.