S. No. 300
Rev. 10-48

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13994

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3544

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place) 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CITY HOSPITAL ...GTON AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
d. STREET ADDRESS (If rural, give location) 5082A KENSINGTON AVE

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle) A.
c. (Last) MEYER

4. DATE OF DEATH (Month) APRIL (Day) 14 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH JULY 27, 1868
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 8 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WATERLOO ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME LORENZ MEYER
13b. MOTHER'S MAIDEN NAME ANNA SCHULZE
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Barbara Meyer — ADDRESS WATERLOO ILL

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalo Malacia
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X3
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 332X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 645A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph McQuinn (Degree or title) Deputy Coroner 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 4/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE APRIL 16, 1949
24c. NAME OF CEMETERY OR CREMATORY KOLMER MEMORIAL
24d. LOCATION (City, town, or county) WATERLOO (State) ILLINOIS

DATE REC'D BY LOCAL REG. APR 20 1949
REGISTRAR'S SIGNATURE Jr B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Emil Quernheim — ADDRESS Waterloo Ill

(Licensed Embalmer's Statement on Reverse Side)

3544

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Van M Bezemore

Licensed Embalmer No. 4343

P. O. Address St Louis 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.