

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 82605

10391

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

1. PLACE OF DEATH a. COUNTY 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Meyers		4. DATE OF DEATH (Month) (Day) (Year) 12-4-50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-22-1881
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) St Louis Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Christ Hajurs		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William
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 ADDRESS Ego Schneider Columbia 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pelvic abscess. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured appendix. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 550.1			
22. I hereby certify that I attended the deceased from 11-22, 1950, to 12-4, 1950, that I last saw the deceased alive on 11-22, 1950, and that death occurred at 11:55 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hayden M.D.		23b. ADDRESS 5899 Delman	
23c. DATE SIGNED 12-5-50			
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 12-9-50	
24c. NAME OF CEMETERY OR CREMATORY ST Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. DEC 6 1950		REGISTRAR'S SIGNATURE J B Baister	
25. FUNERAL DIRECTOR'S SIGNATURE Schneider Funeral Home		ADDRESS Columbia Ill	

(Licensed Embalmer's Statement on Reverse Side)

Lee

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ronald Dyakura

Licensed Embalmer No. 3917

P. O. Address St Louis 10

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.