

No. 300
10. 48

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5183

40343

State File No. _____

Registrar's No. 85-

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5-184

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural Myrd</u>		c. CITY OR TOWN <u>Rural Myrd</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo R # 2</u>			
3. NAME OF DECEASED a. (First) <u>Willhemine Louise</u> (Type or Print)		b. (Middle) <u>MARY</u> c. (Last) <u>MEYER</u>	
4. DATE OF DEATH <u>Dec 16 1954</u> (Month) (Day) (Year)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 23 1874</u>
9. AGE (in years last birthday) <u>80</u>	10. MONTHS <u>4</u>	11. DAYS <u>23</u>	12. IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jackson Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Fredrick Soehlig</u>		14. MOTHER'S MAIDEN NAME <u>Johanna Sperling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emil Neumeier</u>		ADDRESS <u>Jackson Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma Breast</u> Interval between onset and death <u>3 yrs</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Melanoma following operation</u>			
DUE TO (c) <u>none</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>170 X</u>	
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, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 4, 1952</u> to <u>Dec 17, 1954</u> , that I last saw the deceased alive on <u>Dec 12, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W L Scheldt M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>12-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/17/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St James Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo R # 2 Mo</u>
DATE REC'D BY LOCAL REG. <u>12-16-54</u>	REGISTRAR'S SIGNATURE <u>W L Scheldt 43-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McComb & Co B Jackson Mo</u> ADDRESS _____	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed B. H. Meyer.....

Licensed Embalmer No. 3051.....

P. O. Address Jackson, 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.