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 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 130

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Pinckney  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mother of Good Council  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME SARAH J. 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 Widowed

6. (b) Name of husband or wife George A. Meyer  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9th 1862  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	8	8	hr. min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name John Rice

13. Birthplace Pennsylvania  
 (City, town, or county) (State or foreign country)

14. Maiden name Catharina Daniels

15. Birthplace Penn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Howard L. Finney

(b) Address # 134 No. Clay, Ferguson, Mo.

17. (a) Burial (b) Date thereof 1/19/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7253 Delmar, Blvd.

19. (a) JAN 18 1940 (b) S. K. Meyer, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson,  
 (If outside city or town limits, write "RURAL")

(d) Street No. # 134 No. Clay,  
 (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 15, 1939 to Jan 27, 1940  
 that I last saw her alive on Jan 26, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 days

Due to La grippe 7 days

Due to none

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none made

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joseph D. Rice (M. D. or other) \_\_\_\_\_  
 Address Century Bldg Date signed 1/28/40

1506 Westlawn  
E-1550  
Antony Rd 2-5 P.M.

**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 Bradford A. Miles  
Licensee Embalmer No. 2901  
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, above space should be left blank.**