No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 443

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 443

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 3830 Colonial
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edna Frieda Meyers
3. (b) If veteran, name war No
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 George E. Meyers
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Nov. (Month) 12 (Day) 1911 (Year)
8. AGE: Years 29 Months 2 Days 2 If less than one day hr. min.
9. Birthplace Kimmawick, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Edw. Kassel
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr George
(b) Address 2530 Colonial Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery
18. (a) Signature of funeral director Fry Sudner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JAN 15 1941 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1941 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from January 12, 1941, to January 14, 1941 that I last saw her alive on January 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Post Operative Shock
Due to Mediastinal tumor, ~~probably~~ ~~teratoma~~
Due to Sarcoma of anterior mediastinum
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature H R Bradley (M. D.)
Address BARNES HOSPITAL Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.