S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31386

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1969

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 E. Arlee ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 0
(c) City or town Lemay (If outside city or town limits, write "RURAL") 0
(d) Street No. 107 E. Arlee ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Meyer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Fred Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 12 (Day) 1856 (Year)

8. AGE: Years 86 Months 2 Days 8 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name William Busch
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Unknown Mance
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Lillie Coessling
(b) Address 107 E. Arlee ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cem.
18. (a) Signature of funeral director C. H. Hofmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) SEP 22 1942 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from June, 1941, to Sept. 20, 1942; that I last saw her alive on Sept. 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery disease & terminal occlusion	1 yr.
Due to: Arterio-sclerosis	5 yr.
Due to: Diabetes mellitus	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature George A. Bullman M.D. (M. D. or other)
Address 421 W. Schermer Date signed 9/21/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. O'Sullivan

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.....

Licensed Embalmer No. 4049

P. O. Address 6464 Cleppera

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.