

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

27140

1. PLACE OF DEATH
 County St Charles Registration District No. 757 File No. _____
 Township St Charles Primary Registration District No. 5998 Registered No. 133
 City _____ (No. 4 miles West of St Charles St. _____ Ward)

2. FULL NAME John Herman Meers
 (a) Residence No. 4 miles West of St Charles Ward _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U.S., if of foreign birth? 76 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Catharine Meers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>	<u>3</u>	<u>26</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

10. NAME OF FATHER Henry Meers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Northrop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT William Meers
 (Address) St Charles Co Mo

15. FILED 1913 1921 Otto Beckemeier
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 - 1921

17. I HEREBY CERTIFY, That I attended deceased from _____
held inquest Oct 12, 1921
 that I last saw him alive on _____ 10 _____, and that death occurred, on the date stated above, at _____ 1 P.M. _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 yr
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 74
 _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH. 25 DATE OF _____

WAS THERE AN AUTOPSY? 25

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Leopoldine Crowe M. D.
Oct 13, 1921 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Lutheran Cemetery</u>	DATE OF BURIAL <u>Oct 15 - 1921</u>
20. UNDERTAKER <u>Steinbaker Funeral Co.</u>	ADDRESS <u>St Charles</u>

M.D.

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.

WHITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

United States Standard Certificate of Death

Issued by U. S. Census and American Public Health Association.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The same applies to each and every person, irrespective of sex. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. In many cases, especially in industrial employment, it is necessary to know (a) the kind of work performed, (b) the nature of the business or industry, before an additional line is provided for the statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the statement. Never return "Laborer," "Foreman," "Dealer," etc., without more specification, as *Day laborer*, *Farm laborer*, *Coal miner*, etc. Women at home, who are confined to the duties of the household only (not paid employees who receive a definite salary), may be designated as *Housewife*, *Housework* or *At home*, and not gainfully employed, as *At school* or *At work*. Care should be taken to report specifically occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If occupation has been changed or given up on the day of the DISEASE CAUSING DEATH, state date and beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation at the time, write *None*.

Statement of cause of Death.—Name, first, last, and middle, of the DISEASE CAUSING DEATH (the primary affection leading to time and causation), using always the accepted term for the same disease. Examples: *Scarlet fever* (the only definite synonym is *Scarlet fever*); *Cerebrospinal meningitis*; *Diphtheria* (never report as "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.