

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.

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JUL 25 1930

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

Do not use this space.

18402

1. PLACE OF DEATH

County Wernon  
Township Washington  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 275  
Primary Registration District No. 6162

File No. ....  
Registered No. 131

2. FULL NAME

August R Meyer

(a) Residence, No. State Hosp #3 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Franklin Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK. 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 DK DK

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

9. BIRTHPLACE (CITY OR TOWN) Coli Co (STATE OR COUNTRY) mo

10. NAME OF FATHER Gottlieb Meyer

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

12. MAIDEN NAME OF MOTHER Love C. ...

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

14. INFORMANT (Address) State Hosp Records Nevada Mo

15. FILED 6/17 1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to May 13 1930 and that I last saw him alive on May 13 1930, and that death occurred, on the date stated above, at 15-15 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 93C  
111 B  
Pulmonary edema  
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis  
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) unknown

19. OPERATIONS PRECEDING DEATH? no DATE OF none WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) E. H. Coons, M. D. 5/13 1930 (Address) Nevada 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) State Hosp #3 DATE OF BURIAL 5/17 1930

20. UNDERTAKER (Address) Allen U. Kaye Nevada Mo

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PARENTS

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