

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Madison Primary Registration District No. 3575
City (No.) St. Ward

File No. 33483
Registered No. 98
St. Ward

2. FULL NAME

Charles M. Meyer
(a) Residence, No. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchmaking
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goldman, Missouri

13. NAME Jacob W. Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Hannah Keeper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Penn.

17. INFORMANT (ADDRESS) Mrs. F. W. Raebel, Barnhart - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Bur. Goldman, Mo. DATE Oct 7, 1933

19. UNDERTAKER (ADDRESS) Wm. F. Barnhart, Crystal City, Mo.

20. FILED 10/10, 1933 J. E. Tutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 - 1933

22. I HEREBY CERTIFY, That I ~~certified~~ deceased from 19..... to 19.....
First seen alive on 19..... Death assumed to have occurred on the date stated above, at

The principal cause of death and salient causes of importance were as follows:

Held an inquest on body of deceased, on Oct. 6, 1933. Inquest returned verdict of unavoidable accident.
2:10 P.M.

Other contributory causes of importance: 2:10 P.M.

Deceased was hit by truck, crushing his head and causing instant death.

Name of operator / instant death Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Frazier M.D.

(Address) Acting Coroner

WRITE PLAINLY WITH UNFADING INK---THIS IS 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.

NOV 10 1933

