

REC'D JAN 11 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100840954
Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City (d) Street No. 3838 Shanandoah Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry S. Meyer

 (a) Residence, No. 3838 Shanandoah St. [17] St. [17] (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-1868

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 70 9 5

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) Springfield Ill.

13. NAME Adolphus Meyer

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

15. MAIDEN NAME Fermentia Schmidt

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

17. INFORMANT (ADDRESS) Rose Meyer 3838 Shanandoah St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec. 12 '38

19. FUNERAL DIRECTOR (ADDRESS) M. J. Schultz 1819 Sidney St.

20. FILED DEC 11 1938 J. F. Bieder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Dec. 8, 1938

I last saw him alive on Dec. 8th, 1938. Death is said to have occurred on the date stated above, at 4⁴⁵ P. M.

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

Pericardium of Stomach

Date of onset May 1938

Other contributory causes of importance:

Chronic myocardial degeneration

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? no

If so, specify Reuben M. Smith M. D.

(Address) 4145 So. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DOM-7-20-37
I I X12004

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

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.)