

REC'D MAR 9 1939

Dr. Hill

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

6297

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 44
 (c) City Jefferson (d) Street No. 516 Madison Street 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

1.00 Mrs. Barbara Meier
 (a) Residence, No. 516 Jeffers Madison St. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-13-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Cole County, Mo.

FATHER 13. NAME Adam Duenckel

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Edward A. Meier
 (ADDRESS) R.R.#4, Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Feb-17--1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) North Jackson
Jefferson City, Mo

20. FILED 2/17/39 213 3014
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1938 to Feb 15 1939

I last saw her alive on Feb 15 1939. Death is said to have occurred on the date stated above, at 8 P. M.

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

Lobar PneumoniaDate of onset Feb 13 39

Other contributory causes of importance:

InfluenzaDec 18 38Name of operation Amputation Date of Feb 15 39What test confirmed diagnosis? Amputation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19noWhere did injury occur? no (Specify city or town, county, and State)

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

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Dr. J. S. Hill, M. D.(Address) Jefferson City, Mo

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.....

Ferd P Dulle

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ferd P Dulle

Licensed Embalmer No..... *3890*

P. O. Address..... *Jefferson City Mo*

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, above space should be left blank.