REC'D MAR 17 1939

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

6486
Do not use this space.

1. PLACE OF DEATH
(a) County GASCONADE — Registration District No. 302
(b) Township CLAY — Primary Registration District No. 6231 — Registered No.
(c) City — (d) Street No. — 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 BERTHA MEYER
(a) Residence, No. BLAND ROUTE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF HENRY MEYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 11, 1865

7. AGE — YEARS: 73 — MONTHS: 3 — DAYS: 18 — If LESS than 1 day, ...hrs. or ....min.

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. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ALBANY (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME LUDWIG SCHULTZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME ROSALIE PIETRASCHKE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT John L. Meyer (ADDRESS) 1741 Ohio Av. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE BEM EV. CEMETERY DATE FEBRUARY 5, 1939

19. FUNERAL DIRECTOR W. F. Gottenbrach (ADDRESS) Owensville Mo

20. FILED 2-3 1939 C. A. Bunge M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1939, to 2-1, 1939
I last saw h. alive on 2-1, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Right Lower Lobe	1-28-39
Other contributory causes of importance:	
Auricular Fibrillation	1-31-39

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) Paul Brenner, M. D.
(Address) Owensville, Mo. Phone 155

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, W. F. Gottenstroeter, Licensed Embalmer No. 1444

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W.F. Gottenstroeter

Licensed Embalmer No. 1444

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.)