

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

21739
Do not use this space.

REC'D JUL 11 1939

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
 (b) Township Cape Primary Registration District No. 3009 Registered No. 230
 (c) City Cape Girardeau Mo. (d) Street No. St. Francis Hospital 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

Robert W. Meisenheimer
 (a) Residence, No. 917 Lindon 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 Male 4. COLOR OR RACE White 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) June 27 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 hrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Cape Girardeau (STATE OR COUNTRY) Missouri

FATHER 13. NAME Robert W. Meisenheimer 0

14. BIRTHPLACE (CITY OR TOWN) Alton 1 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Wilma M. Ervin 0

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Mo.

17. INFORMANT Robert W. Meisenheimer (ADDRESS) Cape Girard ay Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE 6-28-1939 19

19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau Mo.

20. FILED 6-27-39 1939 g.m. Simpson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-39

22. I HEREBY CERTIFY, That I attended deceased from 6-26-39 to 6-27-39

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Arteriosclerosis

Other contributory causes of importance: 157

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) g.m. Simpson, M. D.

(Address) Cape Girardeau Mo.

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.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.