

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

29656
 Do not use this space.

REC'D SEP 21 1939

1. PLACE OF DEATH
 (a) County Marion Registration District No. 643
 (b) Township Poon Primary Registration District No. 6743 Registered No. 8
 (c) City St. Elizabeth or (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 Esillel Classmeyer
 (a) Residence, No. Marion Co Mo 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen Classmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	66	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife

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) Lone Creek, Boone County

FATHER

13. NAME Theo Herz

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

MOTHER

15. MAIDEN NAME Katie Lock

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

17. INFORMANT (ADDRESS) Emil Classmeyer, Meta Mo

18. BURIAL, CREMATION, OR REMOVAL St. Lawrence Church DATE Aug 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Strop, Meta Mo

20. FILED Aug 14, 1939 Mrs. Rosa Lawson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Aug 5, 1939

I last saw him alive on August 5, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Arteriosclerosis followed by cerebral hemorrhage

Date of onset not known

Other contributory causes of importance: Cardiac decompensation

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? no
 If so, specify _____
 (Signed) J.F. Campbell, M.D.

(Address) Meta, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H H Strop

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

working under my personal supervision.

Signed.....

H H Strop

Licensed Embalmer No.....

2934

P. O. Address.....

Meta 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.