

1939

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

33373
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 758
(b) Township Portage Primary Registration District No. 5997
(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

1600 Herman Meyer
(a) Residence, No. Orchard Farm, St. Charles County, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Kipp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1865
7. AGE YEARS 74 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) March 14, 19 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

FATHER 13. NAME Fred H. Meyer

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

MOTHER 15. MAIDEN NAME Catherine Barklage

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

17. INFORMANT (ADDRESS) Fred Meyer Orchard Farm, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orchard Farm, Luth. Cemetery DATE Sept 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heckmann-Baum St. Charles, Mo.

20. FILED Sept 7, 1939 Rose Barnard Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to August 31, 1939
last saw h. in. alive on August 31, 1939. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Cardiac decompensation
Other contributory causes of importance:

Name of operation No Date of _____
What test confirmed diagnosis? _____ 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 _____, 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 No
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Lambert M. J. ..., M. D.
(Address) St. Charles, Missouri

Sub. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
K. 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur C. Bave

Licensed Embalmer No. *3154*

P. O. Address *St Charles T. 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.