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MARGIN RESERVED FOR BINDING

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.

50M-9-19-38 I X16605

JAN 11 1940

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

44527

Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township St [illegible]
or
(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 Registration District No. 773
Primary Registration District No. 6018A
Registered No. 202

2. PRINT FULL NAME 45 Louis Blomeier
(a) Residence, No. ..... 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frederika Schaefer Blomeier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31, 1863
7. AGE: YEARS 76 | MONTHS 6 | DAYS 29 | 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.: —
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): Hanover, Germany

FATHER
13. NAME: Wm Blomeier 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Jorn 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany

17. INFORMANT (ADDRESS): Leo Blomeier Farmington, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Copenhagen DATE: Jan 1 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Neidert Funeral Home Farmington Mo
20. FILED: Dec 31, 1939 B. J. Robinson 6 [illegible]
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1939, to Dec 30, 1939
I last saw him alive on Dec 28, 1939. Death is said to have occurred on the date stated above, at 7 45 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 12-25-39 |
| | |
| | |
| | |

11 P

Other contributory causes of importance:

| | |
|---|---|
| Acute Influenza | 12-25-39 |
| Arterial Sclerosis | 1934 |

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) Geo. L. Watkins M. D.
(Address) Farmington Mo.

(Licensed Embalmer's Statement on Reverse Side)

**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 me

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

working under my personal supervision.

Signed John Meudert

Licensed Embalmer No. 2238

P. O. Address Farmington 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.**