

Registration District No. 18

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Herman J. Meyer 601

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clara M. Meyer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 24 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 6 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mill Owner 6

11. Industry or business _____ 1

12. Name John F. Meyer p

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Fachtel

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Meyer

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo. 290

19. (a) 2/1/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 774 Cherry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1940 hour 12 minute 50 p. M.

21. I hereby certify that I attended the deceased from Jan. 2
1940 to Jan. 30 1940
that I last saw him alive on Jan. 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic Nephritis - Arterio sclerotic.

Due to Arterio sclerotic General.
1931

Other conditions: chronic Myocarditis - Arterio sclerotic. 1930
(Include pregnancy within months of death)

Major findings:
Of operations _____

Of autopsy General Arterio sclerotic
Nephritis - Myocarditis -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Francis B. Camp (M. D. or other)

Address Springfield Date signed 1-31-40

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTERED EMBALMER

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.

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