

Registration District No. **257**

Primary Registration District No. **5998**

Registrar's No. **78**

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Rural St. Charles Township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME LOUIS MEERS 626

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

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

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

7. Birth date of deceased July 8th 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Herman Meers
18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Rebeck
15. Birthplace St. Charles County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John G. Meers
(b) Address _____

17. (a) Burial (b) Date thereof Feb 5d 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Herman Meers
(b) Address 526 N. 1st St - St Charles Mo

19. (a) 7/5/40 (b) Clarence H. Meester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 St. Charles Township
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Feb 8th, 1936 to Feb 2nd, 1940 that I last saw him alive on Dec 9, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Acute dilatation of Heart 15 years

Due to Chronic Myocarditis due to Coronary Arteriosclerosis 14 years
Other conditions none
(Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

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 typical place) (e) Means of injury _____

23. Signatur W. Erich Schuch (M. D. or other) _____
Address St. Charles, Mo. Date signed 2/5/40

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

Form 1-11-31

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.....

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

Signed..... *Arthur C. Paul*

Licensed Embalmer No. *3147-*.....

P. O. Address..... *St Paul 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.