Dr. [illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22670

Registration District No. 757 — 1940 JUL 17 19 — Primary Registration District No. 3036 — Registrar's No. 112

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME DANIEL John Meyer 600

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 June (Month) 3 (Day) - 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	7	..... hr. ..... min.

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

10. Usual occupation None 0

11. Industry or business .....

FATHER
12. Name Frank Meyer 0
13. Birthplace Florrisant (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Loretta Behlmann
15. Birthplace Florrisant (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Frank Meyer

(b) Address Florrisant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 11 (Day) - 1940 (Year)

(c) Place: burial or cremation Sacred Heart Cem, Florrisant Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 6/11/40 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6/3, 1940, to June 10, 1940 that I last saw him alive on 6/1/01, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (twin).

Due to .....

Due to 159

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN

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? 670 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature B. L. Neubeiser (M. D. or other) [illegible]

Address St. Charles Mo Date signed 6/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph Handolt, Registered Apprentice No. 943 working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.