

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

3843
Do not use this space.

8500

1. PLACE OF DEATH *Phelps.*
 (a) County..... Registration District No. *677 5223*
 (b) Township..... Primary Registration District No. *4403 23*
 or
 (c) City *Rolla* (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 *August Herman Meyer*
 (a) Residence, No. *Miller Township* St. (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 1*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura M. Meyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 31, 1882*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|------|--|
| <i>58</i> | <i>1</i> | <i>12</i> | | |

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) *Cape Girardeau Missouri*

FATHER

13. NAME *August Meyer*

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

MOTHER

15. MAIDEN NAME *Amelia Dunker*

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

17. INFORMANT *Paul Werner*
(ADDRESS) *St. Louis Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis, Mo.* DATE *2/15* 19*41*

19. FUNERAL DIRECTOR (NAME) *Mrs. Harry McCaw*
(ADDRESS) *Rolla, Mo.*

20. FILED *Feb. 14* 1941 *Joe F. Byers*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 13 1941*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 3* 19*41*, to *Feb. 13* 19*41*
 I last saw him alive on *Feb. 13* 19*41*. Death is said to have occurred on the date stated above, at *12* m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
Influenza
 Date of onset *2-13-41*

Other contributory causes of importance: *Influenza* *2-1-41*

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? *no*
 If so, specify.....
 (Signed) *William H. Smith* M. D.
 (Address) *St. James, Mo.*

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 Max L Warfel

Licensed Embalmer No. 4170

P. O. Address Salina, 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.