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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6724

State File No.

FILED MAR 14 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Missouri 5
(If outside city or town limits, write "RURAL")

(d) Street No. 320 Washington Street 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years 6 years.

3. (a) PRINT FULL NAME Max Meyerhardt

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 married

6. (b) Name of husband or wife Julia Meyerhardt

6. (c) Age of husband or wife if alive ~~65~~ 67 years

7. Birth date of deceased December (Month) 5 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	15	hr. min.

9. Birthplace Krezenka, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Clothing Merchant

11. Industry or business

FATHER
12. Name Michael Meyerhardt
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mathilda Goldstein
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Meyerhardt
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 2-22-41 (Date received local registrar) (b) P. V. Bedford, W.A. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 20th
year 1941 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from February 13, 1941 to February 20, 1941
that I last saw him alive on February 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart 2

Due to 95 C

Due to

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

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Bruce (M. D. or other) MD
Address Jefferson City, Mo Date signed 2/22/41

(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.....

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

working under my personal supervision.

Signed Thos. J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City M

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

If this body is not embalmed, fact should be so stated above.