

S. No. 2
-1-4-41
5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38003

State File No. _____

FILED DEC 11 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S E Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 71 1/2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo Gordonville
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Sunset Court 16
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Switzerland

3. (a) PRINT FULL NAME Herman George Neumeyer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Feb 21 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business X

12. Name Charles Neumeyer

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

14. Maiden name Caroline Brenneke

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

16. (a) Informant Prof. E H Neumeyer

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof II 6 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer

18. (a) Signature of funeral director J. H. Scheweel

(b) Address Cape Girardeau Mo

19. (a) 11-4-41 (b) H. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1941 hour 11 minute 30 pm.
21. I hereby certify that I attended the deceased from Sept. 24 1941 to Nov 3 1941;
that I last saw him alive on Nov 3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death John's Pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions Gastric Ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 108

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? _____

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

23. Signature J. H. Scheweel (M. D. or other) _____

Address Cape Girardeau Mo Date signed 11-4-41

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

MOTHER FATHER

1014

(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.....

Joe E. Hance

Licensed Embalmer No. *3390*

P. O. Address *Capitola, Calif.*

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, fact should be so stated above.