

FILED JAN 30 1942

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **178**

1. PLACE OF DEATH:

(a) County **St. Francois**
 (b) City or town **St. Francois**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 days** (Specify whether
 In this community **79 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
 (c) City or town **Farmington, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

H. C. MEYER

HENRY CHRISTOPHER MEYER

3. (b) If veteran,

name war **Unknown**

3. (c) Social Security

No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased: **November 8th 1862**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	1	15	hr. _____ min.

9. Birthplace **St. Francois County, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Saloon Keeper**

11. Industry or business _____

MOTHER FATHER

12. Name **Conrad Meyer**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Caroline Louise WEAVER**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **State Hospital No. 4 Records**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **12-26-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutheran Cemetery**

18. (a) Signature of funeral director **Frank Hennis**

(b) Address **Farmington, Mo.**

19. (a) **Dec 24-41** (b) **B. J. Robinson**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23rd**
 year **1941** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **12-18-41**
 19. to **12-23-41** 19. ;
 that I last saw him alive on **12-23-41** 19. ;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **2 Days**
of marked

Due to **Arteriosclerosis, generalized** ?
of marked

Due to _____
 Other conditions **Chronic Valvular Heart Disease** ?
Female Paralysis, Degenerative **1 year**
 (Include pregnancy within 3 months of death)

Major findings: **Concussive type**
 Of operations **No operations**
 Of autopsy **No autopsy** **97**

Duration
 2 Days
 ?
 1 year
 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 **B. J. Robinson** (M.D. or other) **M.D.**
 Address **Farmington** Date signed **12/27/41**

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

9800

9400

611

RECEIVED

District Health Officer No. 4

District File Number 142-26

Date Filed 1-9-42

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 John A. Rendert

Licensed Embalmer No. 2238

P. O. Address Farmington

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.