S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11796

Registration District No. 7[illegible]A

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Wentzville Rural; Cuivre Ia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles 92

(c) City or town Wentzville Mo Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Henry August Meyer

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eliza Ida Meyer

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

7. Birth date of deceased May (Month) 29 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	10	hr. min.

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

10. Usual occupation Tavern

11. Industry or business .....

FATHER
12. Name Carl A. Meyer
13. Birthplace — (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Anna M Marsmann
15. Birthplace — (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Eliza A. Meyer
(b) Address Wentzville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville Mo

18. (a) Signature of funeral director R. Pitman
(b) Address Wentzville, Mo.

19. (a) 3/ 1/42 (Date received local registrar) (b) Gertrude S. Forstell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 8
year 1942 hour 3 00 minute P. M.

21. I hereby certify that I attended the deceased from May, 1938, to Feb. 8, 1942
that I last saw him alive on Feb. 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis — Duration 1 yr.

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death) 91a

Major findings:
Of operations .....
Of autopsy .....

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 0

23. Signature H. C. McMurray (M. D. or other) M.D.
Address Wentzville, Mo. Date signed 2/13/42

(Licensed Embalmer's Statement on Reverse Side)

6 81

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 R. E. Pittman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, fact should be so stated above.