

S. No. 2  
1-1-4-41  
7. 5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33543

State File No. ....

FILED NOV 5 1942

Registration District No. ....

Primary Registration District No. 3016

Registrar's No. 242

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution 17 days  
In this community 17 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County OSAGE  
(c) City or town Freeburg, Mo.  
(d) Street No. ....  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27  
year 1942 hour 12:05 minute a. M.  
21. I hereby certify that I attended the deceased from Oct. 9 1942 to Oct. 26 1942  
that I last saw him alive on October 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Pressure from congenital  
pancreatic cyst  
Due to Thrombosis  
Other condition Inoperable pancreatic  
(Include pregnancy within 5 months of death)  
Major findings: pancreatic cyst  
Of operation pancreatic cyst  
Of autopsy pancreatic cyst  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME HAROLD EUGENE JOHANNES MEYER

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 Child  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Sept. 4, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 21 hr. min.

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

10. Usual occupation Child

11. Industry or business .....

12. Name FELIX JOHANNES MEYER

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

14. Maiden name LUCY VALTER

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

16. (a) Informant FELIX JOHANNES MEYER

(b) Address Freeburg, Mo.

17. (a) BURIAL (b) Date thereof 10 29 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg, Mo.

18. (a) Signature of funeral director Chude Morton

(b) Address Linn, Mo.

19. (a) 10-28-42 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

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. A. Osman (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed 10/27/42

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

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**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.

*Not Embalmed*

Signed *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address.....

**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.**