

FILED DEC 29 1943

40270

Registration District No. 318

Primary Registration District No. 1003

State File No.

11199

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ferdinand H. Meyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Henrietta Meyer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 17 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Fred Meyer

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

14. Maiden name Mary Stude

15. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Meyer  
(b) Address 2825 Calvert St.

17. (a) Burial (b) Date thereof 12-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Owensville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address 4700 Washington Blvd.

19. (a) DEC 15 1943 J. F. Bresch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Owensville  
(If outside city or town limits, write "RURAL") NR  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14  
year 1943 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8-1-43, 19\_\_\_\_ to 12-14-43, 19\_\_\_\_  
that I last saw him alive on 12-14-43, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia  
Due to Palmonary Disease  
R. Upper Lobe

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations PH  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature R. K. Anderson (M. D. or other) \_\_\_\_\_  
Address 4932 Montgomery Date signed \_\_\_\_\_

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

MOTHER FATHER

844

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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.

Signed

*Albert G. Hoffa*

Licensed Embalmer No..... *2971*

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.**