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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8629

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Concord-Hill Rural Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED: 109
(a) State Mo (b) County Warren
(c) City or town Marthasville Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AUGUST H. MEYER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, divorced Married
6. (b) Name of husband or wife Christine Meyer
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June (Month) 23 (Day) 1904 (Year)

8. AGE: Years 38 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Concord Hill (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Agg
MOTHER FATHER
12. Name August Meyer
13. Birthplace Krakow (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Christine Swerning
15. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Miss Veronica Meyer
(b) Address Marthasville, Missouri R. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Concord Hill Mo
18. (a) Signature of funeral director Fred W. Lichtenberg
(b) Address Marthasville Mo 0
19. (a) Jan. 30, 1944 (Date received local registrar) (b) Ethel Kehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1944 hour 1 minute 10P M.
21. I hereby certify that I attended the deceased from Jan 14 1944 to Jan 27 1944 that I last saw him alive on Jan 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute myocarditis with decompensation	1 day
Due to chr. myocarditis	—
Due to arteriosclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	—

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 Herbert H. Schmidt (M. D. or other) MD
Address Marthasville Mo Date signed 1-27-44

363 (Licensed Embalmer's Statement on Reverse Side)

FEB 2 1944

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 Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martinsville, 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.