S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14216

Registration District No. 310 Primary Registration District No. 1051 Registrar's No. 64

1. PLACE OF DEATH:

(a) County: St. Charles

(b) City or town: Rural-St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R.#1, St. Charles,
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles 021

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

(d) Street No.: R.R. #1, St. Charles 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: John H. E. Meers

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Lena Solto

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: October 11, 1874 (Month) (Day) (Year)

8. AGE: Years 71 | Months 5 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Charles County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farming

MOTHER FATHER

12. Name: Diedrich Meers

13. Birthplace: Hanover (City, town, or county) Germany 7 (State or foreign country)

14. Maiden name: Mary Moehlenkamp

15. Birthplace: St. Charles County, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Herbert Meers

(b) Address: R.R.#1, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Lutheran Cemetery

18. (a) Signature of funeral director: Haessmann-Baue

(b) Address: 326 N. 6th, St. Charles, Mo.

19. (a) April 1-46 (Date received local registrar) (b) Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 10, 1946 to March 17, 1946 that I last saw him alive on March 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	7 days
Due to: Chronic Heart disease (Mitral regurgitation)	?
Due to:	
Other conditions: Cerebral Sclerosis (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? .....

While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: [illegible] (M. D. or other)

Address: [illegible] Date signed: 3-21-46

28 x

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-16-46

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 Arthur C Gaus

Licensed Embalmer No. 2155

P. O. Address WX Charles 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.