S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26801

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 131 W. Fifth St.,
(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 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

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

(d) Street No. 4 miles South of Hermann
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALFRED GEORGE MEYER

3. (b) If veteran, name war ##

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Meyer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb (Month) 18 (Day) 1870 (Year)

8. AGE: Years 76 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Christ Meyer

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

14. Maiden name Whilemina Vehlewald

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

16. (a) Informant C. C. Meyer

(b) Address Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 8/8/46 (Date received by local registrar) (b) O. Mundwiller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th 46 year hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 6th, 1946, to Aug 7th, 1946 that I last saw him alive on Aug 6th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Diabetes Mellitus

Due to

Due to

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

23. Signature E. G. Rhodius (M. D. or other)

Address Hermann Date signed 8/8/46

102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-24
Date Filed 9-4-46

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 August D. Lemmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.