S. No. 2
1—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 JAN 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2169

Registration District No. 805 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: Cuivre township 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles 92

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George C. Meier

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 Married

6. (b) Name of husband or wife Ida Meier 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 9 (Day) 1867 (Year)

8. AGE: Years 79 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace New Melle (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business ~~Henry Meier~~

FATHER
12. Name Henry Meier 4
13. Birthplace Hamburg (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dorothy Powell 1
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ida Meier
(b) Address Foristell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director T. E. Pittman
(b) Address Wentzville Mo.

19. (a) Jan 13 1947 (Date received local registrar) (b) Mrs Jess Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 25 Nov 1, 1946, to Jan 5, 1947
that I last saw him alive on Jan 5, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Disease of the Coronary Arteries	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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 Raymond A. Kuger (M. D. or other)
Address Wright City, Mo. Date signed 1-8-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-26-47

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 T. E. Pilman

Licensed Embalmer No. 2711

P. O. Address Wentzville

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.