

FILED OCT 7 1947

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30860

Registration District No. 776

Primary Registration District No. 3026

Registrar's No. 128

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: St. Francis Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community Lifetime
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ARTHUR OSCAR MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. 496-24-6783

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 18, 47 to Sept 1, 47 that I last saw him alive on Oct 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion
Duration _____

4. Sex Male 5. Color or race White

6. (a) ~~Single~~ married, once married

6. (b) Name of husband or wife Mrs. Julia Meyer

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 15 1884
(Month) (Day) (Year)

Due to Atherosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

63 3 16 hr. min.

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

10. Usual occupation Foreman

11. Industry or business Corps of Engineers U.S.

12. Name HENRY H. MEYER

13. Birthplace BERGER MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name FLORENTINE OBERWORTMANN

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

16. (a) Informant Mrs. Oscar J. Meyer

(b) Address Berger, Missouri

17. (a) Burial (b) Date thereof 10/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, Missouri

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

(b) Address Berger, Missouri

19. (a) 9/3/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Washington, Mo. Date signed 9/3/47

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

36
6
2

MAR 2 1948

Date Filed 10/3/47

District File Number

District Health Officer No. 9

RECEIVED

NOV 12 1947

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, by

....., Registered Apprentice No.
working under my personal supervision.

Signed Herman Blumer

Licensed Embalmer No. 528

P. O. Address Bayer, 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.