

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23962

FILED AUG 5 1948

Registration District No. 378

Primary Registration District No. 3058

Registrar's No. 140

1. PLACE OF DEATH: St Charles

(a) County St Charles

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

(c) Name of hospital or institution:
1027 North 5th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 82 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles ⁹²

(c) City or town St Charles ³
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 No. 5th St ⁰
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Christ Meyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

5. Color or race W

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

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 28 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>9</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 21 1948 to July 7 1948
that I last saw him alive on July 7, 11:30A.M. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 83W

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Addieville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name J.H.C. Meyer

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dorothy Oelze Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Wilhelmina Meyer

(b) Address 1027 No. 5th St

17. (a) Burial (b) Date thereof July 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hachmann - Bauer, Inc

(b) Address St. Charles, Mo

19. (a) July 26 1948 Frank Hachmann
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature NO RITER (M.D. number) _____

Address 208 So. Fifth St Date signed 7/9-48

St Charles Mo - 7/16/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 2 1948

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

Frederic W. Bone

Registered Apprentice No.

510

working under my personal supervision.

Signed

Frederic W. Bone

Licensed Embalmer No.

3155

P. O. Address

St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.