FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948 2

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5182

State File No. 25698

Registrar's No. 74

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town New Wells
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Shawnee Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town New Wells 16
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Shawnee Park 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gustav Adolph Meyr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Pauline Perr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 21 (Day) 1863 (Year)

8. AGE: Years 84 Months 11 Days 5 If less than one day hr. min.

9. Birthplace New Wells (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Joseph Meyr
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name A. M. Starzinger
15. Birthplace Germany (City, town, or county) (State or foreign country) 11
16. (a) Informant Rudolph Meyr
(b) Address New Wells, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Wells Lutheran Cemetery
18. (a) Signature of funeral director Fred Kahnert
(b) Address New Wells Mo
19. (a) 8-27-48 (Date received local registrar) (b) D. G. Sisbro (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 26th, 1948, to August 26, 1948; that I last saw him alive on August 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial

Due to Chronic Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Theodore Fischer (M. D. or other) M. D.
Address Altenburg Mo Date signed 8-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1

Date Filed 9-9-1

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 B. A. Meyer

Licensed Embalmer No. 305-1

P. O. Address Jackson 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.