. S. No. 300
0M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30732

FILED SEP 16 1948

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 178

1. PLACE OF DEATH:

(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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. R.R. 2, Box 98-Harvester, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dennis Lee Meyerpeters

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 2 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Meyerpeters
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Adams
15. Birthplace Overland (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Augusta Adams
(b) Address R.R. 2, St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery St. Charles County, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Sept 8-48 (Date received local registrar) (b) Frank Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1948 hour 9:15 minute P.M.

21. I hereby certify that I attended the deceased from Birth 9-2-48, 19..., to 9-3-48, 19...; that I last saw him alive on 9-3-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis — Duration

Due to

Due to

Other conditions Prematurity
(Include pregnancy within 3 months of death)

Major findings:
Of operations 59

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? Means of injury

23. Signature O. W. Lanier (M. D. or other) MD

Address 114 N. Main St. Charles Mo. Date signed 9-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 14 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joseph I Lambert

Licensed Embalmer No. 4189

P. O. Address St. Charles 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.