

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36835

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berger-Boeuf		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berger --- Boeuf	
d. FULL NAME OF HOSPITAL OR INSTITUTION A. Noedel Residence		d. STREET ADDRESS (If rural, give location) A. Noedel Residence	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) LUDWIG c. (Last) MEYER		4. DATE OF DEATH (Month) (Day) (Year) 11 16 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/31/1859
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Berger, Mo. R.F.D. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM MEYER	
13b. MOTHER'S MAIDEN NAME CAROLINE KIRSCH		14. NAME OF HUSBAND OR WIFE Mrs. Minnie Meyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Leola Noedel, Berger, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) Arteriosclerotic heart disease MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July, 1949, to Nov. 16, 1949, that I last saw the deceased alive on Nov. 16, 1949, and that death occurred at 8:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE John B. Ryan (Degree or title) MD		23b. ADDRESS Hermann Mo.	
23c. DATE SIGNED 11/18/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/20/1949	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem.	24d. LOCATION (City, town, or county) (State) Berger Mo.
DATE REC'D BY LOCAL REG. 11-19-49	REGISTRAR'S SIGNATURE Jeffie Crumman 93	FURNERAL DIRECTOR'S SIGNATURE ADDRESS Ernest Blumer Berger Mo.	

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

District No. 9
RECEIVED NOV 23 1919

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Gustav W. Duitel

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.