S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13583

FILED MAY 6 1948

Registration District No. 2973 Primary Registration District No. 5918 Registrar's No. 28

79
0
0

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

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 78 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Engle Meyer
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joachem Meyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August Meier 6 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Peter Meier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Gerkin
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henry J. Lohman
(b) Address Menfro Mo. R 1
17. (a) Burial (b) Date thereof 4-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farrar Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) April 26-48 (b) Jos. J. Zellner
(Date received local registrar) (Registrar's signature) 2.50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 26, 1939, to April 22, 1948, that I last saw her alive on April 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 years
Due to: Arteriosclerosis, General	10 years +
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature Theodore Fischer (M.D. or other)
Address Altenburg, Mo. Date signed 4/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 48-590
Date Filed 3-5-48

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 Edward L. Young

Licensed Embalmer No. 2188

P. O. Address Perryville 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.