

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1957

'57 027704  
STATE FILE NUMBER

Registration District No. 23 Primary Registration District No. 3010 Registrar's No. 387

|  |                           |   |  |   |   |  |  |
|--|---------------------------|---|--|---|---|--|--|
| 1. PLACE OF DEATH  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |  |  |
| a. COUNTY <u>Cape Girardeau</u>  |                           | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>                                   |  | a. STATE <u>Missouri</u>  |   | b. COUNTY <u>Cape Girardeau</u>  |  |
|  |                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>Cape Girardeau</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South Cape Girardeau General Hosp</u>   |                           | Length of stay in lb  |  | d. STREET ADDRESS (If outside, give location) <u>1528 S. Giboney</u>                  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)  |                           |   |  | 4. DATE OF DEATH  |   |  |  |
| First <u>Fred</u>  |                           | Middle <u>J.</u>  |  | Last <u>Meinz</u>   |   | Month <u>August</u> Day <u>3</u> Year <u>1957</u>                                  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>                                     | 8. DATE OF BIRTH <u>January 23, 1884</u>   |   | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR  | IF UNDER 24 HRS.   |
|  |                           | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>  |  |   | Months                                    | Days   | Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>  |  | 11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>                 |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13. FATHER'S NAME <u>John Meinz</u>  |                           |   |  | 14. MOTHER'S MAIDEN NAME <u>Matilda Volmer</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>Link</u>   |  | 17. INFORMANT <u>Jack Meinz</u> Address: <u>Cape Girardeau, Mo.</u>                   |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hemorrhage of the Lungs</u>  |                           |   |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                           | DUE TO (b) <u>a Compression injury to the chest</u>   |  |   |   |  |  |
| DUE TO (c)   |                           |   |  |   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                           |   |  |   |   |  | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>   |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>We think he was struck by a car or truck and his body taken to near Mississippi river in Smelterville</u> |   |   |  |  |
| 20c. TIME OF INJURY Hour, Month, Day, Year<br><u>11:00 P. m. Aug 3 '57</u>   |                           |   |  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>On Cape Girardeau street</u> |  | 20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u>                                    |   | COUNTY <u>Cape Girardeau</u> STATE <u>Mo.</u>                                      |  |
| 21. I attended the deceased from <u>we think</u> to <u>we think</u> and last saw her/him alive on <u>we think</u> Death occurred at <u>we think</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |   |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>J. F. Sigmond, Coroner</u>   |                           |   |  | 22b. ADDRESS <u>Jacobson, Mo.</u>   |   | 22c. DATE SIGNED <u>8/12/57</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 23b. NAME OF CEMETERY OR CREMATORY <u>S. Marys</u>  |  | 23c. LOCATION (City, town, or county) <u>Cape Girardeau, Mo.</u>                      |   | 23d. (State)   |  |
| 24. FUNERAL DIRECTOR <u>Ford Sons F. H.</u> ADDRESS <u>Cape Girardeau, Mo.</u>   |                           | 25. DATE RECD. BY LOCAL REG. <u>8-13-57</u>   |  | 26. REGISTRAR'S SIGNATURE <u>W. C. Summers</u>  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. H. Estee*.....

Licensed Embalmer No. ....

P. O. Address *Case*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.