

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6442

**1. PLACE OF DEATH**

County..... Registration District No. **791** File No. ....  
 Township..... Primary Registration District No. **1003** Registered No. **1650**  
 City..... **St. Louis Mo. 3701 - Pestalozzi St.** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **34312 Pestalozzi St 16** Ward. .... (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna C. Meyer**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 23<sup>rd</sup> 1858**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**68 9 23**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Spring Maker**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Same**  
 (c) Name of employer **American Bed Co.**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ills.**

10. NAME OF FATHER **Alto Meyer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Louise Brunk**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **Mrs. Anna C. Meyer 3412 Pestalozzi St**

15. FILED **FEB 17 1927** **Mare Starceff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**2**  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 15<sup>th</sup> 1927**  
 17. I HEREBY CERTIFY, That I attended deceased from **Dec 6**, 19**26**, to **Feb 15**, 19**27** that I last saw h. .... alive on ..... and that death occurred, on the date stated above, at **6:30 p** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**131 Chronic Pareschematous  
 92 A Nephritis**

CONTRIBUTORY (SECONDARY) **mitral Regurgitation** (duration) yrs. **20** mos. ds.  
**abst.** (duration) yrs. **10** mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **121 W**  
 IF NOT AT PLACE OF BIRTH, DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**  
 (Signed) **J. Prideman**, M. D.  
 (Address) **3146 Morganford**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Nashville Ills.** DATE OF BURIAL **Feb 18<sup>th</sup> 1927**

20. UNDERTAKER **Rauerk & Schmidt** ADDRESS **3732 S Grand**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

