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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 23258

Township ..... Primary Registration District No. 1003 Registered No. 6967

City St Louis (No. Westminster Hospital St. ..... Ward)

2. FULL NAME William A. Meyerhord

(a) Residence. No. West Ave. Prospect Hill 8 Ward. ..... St Louis Co.

(Usual place of abode) Box 363. R.R. 31 (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: Irene Meyerhord (nee Carey)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26, 1888

7. AGE: Years 39 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Millwright
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS
10. NAME OF FATHER: Frank Meyerhord
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Caroline Marks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Black Jack Mo.

14. INFORMANT: Mrs Irene Meyerhord
(Address) West Ave Prospect Hill Box 363 R.R. 31

15. FILED ....., 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31 1927

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1927, to July 31, 1927, that I last saw him alive on July 31, 1927, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute nephritis with anuria

Chronic alcoholism (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm A. Knight, M.D.

, 19 (Address) Westminster Hospital

*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: New Bethlehem
DATE OF BURIAL: Aug. 3 1927

20. UNDERTAKER: Math. Hermann & Son
ADDRESS: 4193 West Florissant Ave.

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.