OCT 2 1927

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

Do not use this space.

25395

1. PLACE OF DEATH
County St. Louis County — Registration District No. 790 — File No.
Township Carondelet — Primary Registration District No. 6033 — Registered No. 226
City Richmond Heights (No. New St. Marys Hospital St. Ward)

2. FULL NAME Amelia Meier
(a) Residence. No. 245 Union Blvd St., Ward. St. Louis Mo
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18 1871
7. AGE: Years 55 — Months 10 — Days 8 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At Home
9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: John Meier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Maria Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT John Meier
(Address) 245 Union Blvd.
15. FILED 8/26 1927 J. B. Sudduth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26th 1927
17. I HEREBY CERTIFY, That I attended deceased from August 6th 1927, to August 26th 1927, that I last saw her alive on August 25th 1927, and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pylo-nephritis Acute
1330
1358 (duration) — yrs. — mos. 20 ds.

CONTRIBUTORY (SECONDARY) Cystitis Chronic
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical and Laboratory findings
(Signed) August G. Wickman, M.D.
Aug 26, 1927 (Address) 6194 Delmar Ave

*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: Valhala Crematory — DATE OF BURIAL: Aug 28 1927
20. UNDERTAKER: Wm. J. Robert — ADDRESS: 1905 S. Grand Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.