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

Do not use this space.

31647

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3816 Iowa av St. ..... Ward)

File No. .....

Registered No. 8987

2. FULL NAME Charles E Meyer

(a) Residence. No. 3816 Iowa St. 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 29 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: Viola E Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 6 - 1898

7. AGE: Years 29 | Months 2 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Theodore Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mamie Kerr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT: Viola E Meyer
(Address) 3816 Iowa av

15. FILED OCT - 8 1927, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1927, to Oct 5, 1927, that I last saw him alive on Oct 5, 1927, and that death occurred, on the date stated above, at 11 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) 101a
(duration) ..... yrs. ..... 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) Walter A Pohlfing
Oct 6, 1927 (Address) 4724 Gravois

*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: National Cemetery
DATE OF BURIAL: Oct 8 1927

20. UNDERTAKER: Wm C. Moydell
ADDRESS: 1926 Allen

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.

THIS IS A PERMANENT RECORD