

FEB 21 1928

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

Do not use this space.

1588

1. PLACE OF DEATH

County Jefferson Registration District No. 470 File No.
Towship Primary Registration District No. 3022 Registered No. 11
City Westboro (No.) St. Ward)

2. FULL NAME Johanna Meier

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Meier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 9 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Custharten (STATE OR COUNTRY) Germany

10. NAME OF FATHER Nayer

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Johanna Meier (Address) Westboro

15. FILED 1/27 1928 D. L. Reegley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1927, to Jan 26 1928, and that I last saw him alive on Jan 26 1928, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
92 1/2 (duration) not known yrs. mos. da.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. da.

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 E. Gibson, M. D. Jan 26, 1928 (Address) De Soto, Mo

*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 St Louis DATE OF BURIAL Jan 28 1928

20. UNDERTAKER Wm. J. Harris on Dec 28 1928 ADDRESS St. Louis

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.

IMPROVEMENT RECORD

