

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

Do not use this space.

2589

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2002** **Agnes St.**)

File No. **F 144**

Registered No. **144**

St. Ward

2. FULL NAME

Fredericka Meyw.

(a) Residence. No. St. **26** 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND~~ or (OR) WIFE OF

Fred Wm Meyw.

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

March 13 1840

7. AGE

87 YEARS

9 MONTHS

19 DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(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)

Germany

10. NAME OF FATHER

Casper Hoffendich

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Untermann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

**Herman Brockman
2002 Agnes St.**

15.

FILED

**Mar E Staroboff
REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

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

Jan 2, 1928

17.

I HEREBY CERTIFY, That I attended deceased from **Dec 31 - 1927**, to **Jan 2, 1928**, that I last saw b. **Jan 1, 1928**, and that death occurred, on the date stated above, at **2:00 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis non Tubercular

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **C Mellis** M. D.

Jan 3, 1928 (Address) **3825 N 20**

*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

DATE OF BURIAL

Old-Bethlehem-Cem.

Jan 5, 1928

20. UNDERTAKER

Theo. W. Beidemann

ADDRESS **1936**

St. Louis 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.

