# 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. 14899

Township ..... Primary Registration District No. 1003 Registered No. 3804

City St Louis (No. 5532 Southwest Av St. ..... Ward)

**2. FULL NAME** Amalia L. Meyer

(a) Residence. No. ..... St., 3 Ward. .....
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick H Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 1869

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 8 | 20 | |

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

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

PARENTS

10. NAME OF FATHER Wm Podeyn

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

12. MAIDEN NAME OF MOTHER Louise Kriettmeyer

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

14. INFORMANT Fred H Meyer
(Address) 5582 Southwest Av

15. FILED APR -6 1928, 19 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1927, to Apr. 4, 1928 that I last saw her alive on Apr. 3, 1928, and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
4 4 B
(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis
(duration) ? 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? Clinical

(Signed) H. H. Cleveland, M. D.
4/4, 1928 (Address) 6460 Southwest Av

*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 |
|---|---|
| Concordia | April 7 1928 |
| **20. UNDERTAKER** | **ADDRESS** |
| Theo W. Biedermeier | 1936 St Louis Av |

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.

WHICH PERMANENT RECORD