

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City.....

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

Ward)

**2. FULL NAME**

(a) Residence. No. .... St., .... 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.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

1 male

**4. COLOR OR RACE**

White

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

1 married

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

1 Margaret

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

Jun 12 1892

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

35

11

22

**8. OCCUPATION OF DECEASED**

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

Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

Capolin filling

(c) Name of employer

St. Louis

**9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY)**

St. Louis

**10. NAME OF FATHER**

Michael Meyer

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

France

**12. MAIDEN NAME OF MOTHER**

Theresa A. Siegel

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

Mo.

**14.**

INFORMANT

(Address)

Margaret Meyer  
 5137 Palmyra

**15.**

FILED

6 1928

Max C. Starker

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

6/4 - 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from 5/28 - 1928, to 6/4 - 1928, that I last saw him alive on 6/4 - 1928, and that death occurred, on the date stated above, at 10:00 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy, tie aneurysm

9158  
 109 B1  
 CONTRIBUTORY (SECONDARY)  
 (duration) Yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. C. Anderson, M. D.

6/5 - 1928 (Address)

\*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**

Cabway

Jun 7 1928

**20. UNDERTAKER**

Arthur Kelly

ADDRESS 4524

Easton

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.

U /