

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.

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

Do not use this space.

22113

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City..... St. Louis

(No. 5222 A Page

File No.....

Registered No.....

6288

St.....

Ward.....

**2. FULL NAME**

Dora Meyer

(a) Residence. No.....

St.....

12

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**

Female

**4. COLOR OR RACE**

White

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

Widowed

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

Meier Meyer

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

Oct. 4-1845

**7. AGE**

YEARS

MONTHS

DAYS

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

82

8

7

**8. OCCUPATION OF DECEASED**

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

Housewife

(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**

Abraham Rosenthal

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**INFORMANT  
(Address)J. Wm. Meyer  
3656 Utah Ave.**15.**

FILED

JUN 12 1928  
May C. Starkoff

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 11<sup>th</sup> 1928**17.**

I HEREBY CERTIFY, That I attended deceased from

1918 to June 11<sup>th</sup> 1928.  
that I last saw him alive on June 11<sup>th</sup> 1928, and that death occurred, on the date stated above at 9:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Insufficiency

121

**CONTRIBUTORY (SECONDARY)**

Chronic Interstitial Nephritis

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Louis B. Brandenburger M. D.  
19 (Address) 3922 Cleveland Ave.

\*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****20. UNDERTAKER****ADDRESS**Mt. Sinai Cemetery  
H. RindskopfJune 13 1928  
5216  
Helmar

