

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

Do not use this space.

22154

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

6329

City.....

(No.....)

St.....

Ward.....

**2. FULL NAME**

*Edward A. Meyer*

(a) Residence. No. *915 1/2 Madison St.* No. 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**

*Male*

**4. COLOR OR RACE**

*White*

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

*Single*

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

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

*Dec 17th 1911*

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>16</i>	<i>5</i>	<i>26</i>	

**8. OCCUPATION OF DECEASED**

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

*Student*

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

*Webster School*

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

*St. Louis*

(STATE OR COUNTRY)

*Mo*

**PARENTS**

**10. NAME OF FATHER**

*August Meyer*

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

*St. Louis*

(STATE OR COUNTRY)

*Mo*

**12. MAIDEN NAME OF MOTHER**

*Annie Stoeckel*

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

*Jeffersonville*

(STATE OR COUNTRY)

*Mo*

**14.**

**INFORMANT**

*August Meyer*

(Address)

*915 1/2 Madison St.*

**15.**

FILED

*11 1923*

*May C. Sterling*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*June 13 1928*

**17. I HEREBY CERTIFY** That I attended deceased from *June 6*, 19*28*, to *June 13*, 19*28* the last saw him alive on *June 3*, 19*28*, and that death occurred, on the date stated above, at *4:30 a.m.*

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

*Acute pericarditis  
Aortic regurgitation*

**CONTRIBUTORY (SECONDARY)**

*90%*  
(duration) yrs. *4* mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *X Ray + physical exam*

(Signed) *Donald Becke*, M. D.

(Address) *3720 Washington*

\*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**

*Calvary*

*June 15 1928*

**20. UNDERTAKER**

**ADDRESS**

*Wm P Collins*

*728 Grand*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

