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

Do not use this space.

22247

1. PLACE OF DEATH

County .... Registration District No. 791 File No. ....
Township .... Primary Registration District No. 11003 Registered No. 6429
City St. Louis Mo. (No. 2621 Wyoming St. .... Ward)

2. FULL NAME Ernst A. F. Meyer

(a) Residence. No. 2621 Wyoming St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Accountant
(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, Mo.

PARENTS

10. NAME OF FATHER: Herman T. L. Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dorothy Steinshmier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Emma A. Meyer
(Address) 2621 Wyoming St.

15. FILED JUN 18 1928 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from 7 A.M. June 15 1928, to June 15 - 10 A.M. that I last saw him alive on June 15 1928 and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart

Four hours (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) SuperAcute oedema of lungs due to 2 Hours Chronic Valvula Heart disease (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9-0-0

DID AN OPERATION PRECEDE DEATH? No DATE OF ....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) P. Brickhaller, M. D.

6/15, 1928 (Address) 3147 S. Jefferson 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: Valhalla Cem.
DATE OF BURIAL: June 18 1928.

20. UNDERTAKER: Ziegenhein Bros.
ADDRESS: 2623 Cherokee

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.