

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.

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis(No. Bethesda Hospital)

File No.....

Registered No.....

22348
6537

St.....

Ward.....

2. FULL NAME

(a) Residence, No. W. Wellsville Mo St. 18 Ward. W. Wellsville Mo

(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

Female

4. COLOR OR RACE

White

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

Baby

5A. If MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBaby

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

April 19-1925

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.321

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workBaby(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Wellsville

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

W. E. Meyer

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Wellsville

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Corinne Whitcomb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Wellsville

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Mrs. W. E. MeyerWellsville Mo

15.

FILED

21 1928Max C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/201928

17.

I HEREBY CERTIFY, That I attended deceased from 5/15/28, 1928 to 6/20, 1928that I last saw her alive on 6/20/28, 1928, and that
death occurred, on the date stated above, at 10:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

EncephalitisCONTRIBUTORY
(SECONDARY)Conjunctive defective

(duration).....yrs.....mos.....da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Wellsville MoDID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. H. Riley

M. D.

, 19

(Address)

3647 Vista, St. Louis, Mo*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

Wellsville Mo6/22 1928

20. UNDERTAKER

ADDRESS

K. B. WellsWellsville Mo

2