

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

Do not use this space.

22364

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 3935

City St. Louis (No. 3935, Green)

File No.

Registered No. 6053

St. Ward

2. FULL NAME

Mina Meyer

(a) Residence. No. 3935 Green St. 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF John W. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 4 10

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

10. NAME OF FATHER Unknown

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 Ben Oberbeck (Address) 3935 Green

15. FILED 22 1928 Max C. Stanly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928, to June 21, 1928 that I last saw h. alive on June 20, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
1290
129
921
950
CONTRIBUTORY (SECONDARY) Coronary atherosclerosis
myocardial infarction
chronic

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. Clinical & consultation
(Signed) L. H. Cooper, M. D.
, 19 (Address) 4200 Grand Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem. DATE OF BURIAL June 25 1928

20. UNDERTAKER Ashton B. Co. 2707 N. Grand. ADDRESS

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.

