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

Do not use this space.

34806

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9758

Township St. Louis Primary Registration District No. 1003 Registered No. 9758

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Mathilda Meyer

(a) Residence. No. 5457 Kingshighway St. 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L. D. Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 24 1870

7. AGE: Years 57 Months 10 Days 8 If LESS than 1 day, ... hrs. or ..... min.

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): St. Louis Mo.

PARENTS
10. NAME OF FATHER: Wm. Podeyn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Louise Krietemeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: L. D. Meyer
(Address) 5457 Kingshighway

15. FILED OCT -3 1928, 19..... Max C. Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 2 1928.

17. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1928, to Oct 2, 1928 that I last saw her alive on Oct 2, 1928, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Haemorrhage due to Carcinoma of Liver & Gall Bladder
46E (duration) ..... yrs. ..... mos. ..... ds.
123B
CONTRIBUTORY (SECONDARY): Carcinoma of Gall Bladder and Liver about 1 year
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 443
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 13 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Grace Sebok Moriarty, M. D
Oct 2, 1928 (Address) 3403 N 14th St

*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: Concordia Cem. DATE OF BURIAL: Oct. 5 1928

20. UNDERTAKER: Thos. W. Beiderwieden ADDRESS 1936 St. Louis Av.

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.