

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

Do not use this space.

35135

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. McMahon Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 10117

**2. FULL NAME**

Frank J. Meyer  
 (a) Residence. No. Valmeyer Dr Ward. Valmeyer 2115  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. 1 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 Caroline

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....	
				hrs.	min.
	<u>56</u>	<u>10</u>	<u>10</u>	<u>=</u>	<u>=</u>

8. OCCUPATION OF DECEASED Farmen  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Joseph Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Plaster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
 (STATE OR COUNTRY)

14. INFORMANT Caroline Meyer  
 (Address) Valmeyer Dr

15. FILED 10115 1928 Mar 6 Starceff  
 REGISTERS

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 12<sup>th</sup> 1928, 1928, to Oct 14<sup>th</sup> 1928, 1928 that I last saw him alive on Oct 14<sup>th</sup> 1928, and that death occurred, on the date stated above, at 12 23 28 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1st. Delirium Tremens  
75% (60%)  
 (duration) 9 yrs. 9 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Alcoholism  
Don't know (duration) 9 yrs. 9 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. H. Monahan, M. D.  
 , 19 (Address) 4237 Olive 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 Valmeyer Dr DATE OF BURIAL 10/16/28

20. UNDERTAKER C. Hoffmann & Co ADDRESS 782 1/2 So. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK IN THESE SPACES

