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

Do not use this space. 3479

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H — Registered No. 16
City Richmond Heights (No. 7715 Dale av. St. Ward)

2. FULL NAME Charles E. Meyer,
(a) Residence. No. St., 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 Dorothy Meyer,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1890-11-27

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
38	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Huckster, 1861 1902
(b) General nature of industry, business, or establishment in which employed (or employer) Vegetable
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Paul Meyer,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna Schiffler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT G. C. Hoch (Address) 7616 Lovella av.

15. FILED 1/17, 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15th, 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 3.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Traumatism by fall. (Fell upon floor) in home
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dislocation of 3rd Cervical Vertebrae
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John O'Connell, M. D.
1/16/1929 (Address) Coroner of St. Louis County

*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 New Pickers Ambrester — DATE OF BURIAL 1/19/29 19

20. UNDERTAKER Robert Flambrusch — ADDRESS 429 N. Euclid

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.

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