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

Do not use this space.

8281

File No. 1960

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 2022 Mallinckrodt St. Ward)

Registration District No. 1911

Primary Registration District No. 028

2. FULL NAME Agnes Meyer

(a) Residence. No. 2022 Mallinckrodt St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-14-1860

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	26	

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)
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Martin Ferber

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: Joseph Meyer
(Address) 2022 Mallinckrodt

15. FILED ; 19 Mae C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1929, to Feb 9 1929, that I last saw her alive on 2/10 1929, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Auto Regurgitation
7 yrs
7 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteio Sclerosis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. L. Oberfer, M. D.
2/11, 1929 (Address) 5400 Delmar

*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: Bethany Cemetery

DATE OF BURIAL: 2/12 1929

20. UNDERTAKER: W. A. Stockland Co.

ADDRESS: 2117 E. Grand

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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