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

Do not use this space.

8640

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2311

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

16783

**2. FULL NAME** Henry Meyer

(a) Residence. No. 4424 Bingole St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF (OR) WIFE OF~~ widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1842

7. AGE: Years 86, Months 6, Days ..., If LESS than 1 day, ..... hrs. or ..... min.

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

5

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known Mego

31

12. MAIDEN NAME OF MOTHER Not Known

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

10

14. INFORMANT Hospital Informer
(Address) E. Rosen City Hospital

15. FILED FEB 20 1929 Wm C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1929, to Feb 18, 1929, that I last saw him alive on Feb 18, 1929, and that death occurred, on the date stated above, at 11:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

107A

1003 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John W. Hoff M. D

Feb 19, 1929 (Address) City Hospital

*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 St. Marcus
DATE OF BURIAL: Feb 21 1929.

20. UNDERTAKER: Provost U. Co.
ADDRESS: 3710 N. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Meyer