96

MAY 2 1929

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

Do not use this space.

12098

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.
City — (No. Edmundson Road St. Ward)

2. FULL NAME Mary Meyer
(a) Residence. R.F.D. #29 Wellston Station Ward.
(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. 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 Henry Meyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1847.

7. AGE: Years 82 — Months 2 — Days 18 — 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

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

10

PARENTS
10. NAME OF FATHER Bernard Schmitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

10

10

14. INFORMANT Henry Meyer
(Address) R.F.D. #29 Wellston St.

15. FILED 3-30, 1929 O Schmidt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1929, to Mar. 29, 1929 that I last saw her alive on Mar. 29, 1929, and that death occurred, on the date stated above, at 12.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchal Pneumonia 92A
93C
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis, Mitral lesion — (duration) 5 yrs. mos. ds. 104A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90A
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Walther, M.D.
3/30, 1929 (Address) 2438 Woodson Rd.

*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: St. Mary's Cem. — DATE OF BURIAL: April 1, 1929.

20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.

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.

[illegible]