

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

Do not use this space.

42780

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City of St. Louis**)

File No. ....

Registered No. **12569**

St. ....

Ward) ....

**2. FULL NAME**

(a) Residence. No. **2837 Park**

(Usual place of abode)

St. **23**

Ward. ....

Length of residence in city or town where death occurred **9** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

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

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR)

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(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)

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN)

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN)

(STATE OR COUNTRY)

**14.**

INFORMANT.....

(Address)

**15.**

FILED.....

19.....

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR)

**17.**

I HEREBY CERTIFY, That I attended deceased from **Dec 13**, 19**29**, to **Dec 16**, 19**29**, that I last saw him alive on **Dec 16**, 19**29**, and that death occurred, on the date stated above, at **1224** a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Myocarditis**

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRAICTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **B. Margulies**, M. D.

12/16/29 (Address) **City Hosp.**

\*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**

**DATE OF BURIAL**

**20. UNDERTAKER**

ADDRESS

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.

117  
2

10959  
St. Louis

Dand Meyers  
City of St. Louis

2837 Park St. 23 Ward

Dec 2 - 1882

47 YEARS 24 MONTHS 24 DAYS

Fireman

Locomotive

North Carolina

Dand Meyers Sr

Alabama

Mary Dee

St. Louis

Chorral

1224 City of St. Louis

DEC 26 1929

1  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1929, to Dec 16, 1929, that I last saw him alive on Dec 16, 1929, and that death occurred, on the date stated above, at 1224 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis

CONTRIBUTORY (SECONDARY)  
90 B (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH 2837 Park

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Electrocardiograph

(Signed) B. Margulies, M. D.

12/16/29 (Address) City Hosp.

\*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 Vanita Ahla Elm

DATE OF BURIAL Dec 29 1929

20. UNDERTAKER Burchhalter and

ADDRESS Vanita Ahla

Mayers