

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

Do not use this space.

6501

**1. PLACE OF DEATH**

City St. Louis Mo. (No. Mullanphy Hospital)  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 St. .... Ward)

File No. ....  
 Registered No. 1314

**2. FULL NAME** Christine Meier.

(a) Residence. No. 2544 Dodier St. St. 210 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) Widowed.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Meier.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/18 (1950) 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 8 19  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housework.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired.  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/7/30 19  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1929 to Feb 7 1930  
 that I last saw her alive on Feb 6 1930, and that death occurred, on the date stated above, at 3-45 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
Atherosclerosis  
73C  
126B (duration) ? yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Branchitis  
non tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 2516 W. University  
 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS .....  
 (Signed) Arthur S. Sussman M. D.  
27 1930 (Address) 220 W. University St

\*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.

9. BIRTHPLACE (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Germany.  
 10. NAME OF FATHER Unknown - Huestadt.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Germany.  
 12. MAIDEN NAME OF MOTHER Not Known.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Germany.

14. INFORMANT Robert H. Meier  
 (Address) 2444 Dodier St  
 15. FILED 19 W. C. Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery DATE OF BURIAL 2/10/30  
 20. UNDERTAKER Throost Burd. Co ADDRESS 3710 N. Grand

