

MAY 27 1930

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

Do not use this space.

17103

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. 1103 Pine St.)

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 81
St. 4 Ward

2. FULL NAME

Louis Frederick Meyer

(a) Residence No. 1103 Pine St. St. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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)

Married

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

Linda Meyer

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

June 9, 1872

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 4

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

Carpenter

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

St. Charles County Missouri

10. NAME OF FATHER

Fred Meyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Catherine Parkley

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

Germany

14.

INFORMANT (Address)

A. N. Luerding 819 Adams, St. Charles, Mo.

15.

FILED

7/6 1930 Hy J. Blochmann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1929 to May 3, 1930 that I last saw him alive on May 3, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberc. Bronchitis

CONTRIBUTORY (SECONDARY)

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) P. W. Smith, M.D.

*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

Lutheran Cemetery DATE OF BURIAL May 6, 1930

20. UNDERTAKER

Steinbraker's Fun Co ADDRESS St. Charles, Mo.

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.

PERMANENT RECORD

100-111-111

100

100