

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

Do not use this space.

21200

File No. 6062
Registered No. 6062
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. Sanitarium)

2. FULL NAME Louis Meyer

(a) Residence No. 1322 Liberty (SU) 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theresa Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 29, 1874</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Door repairer Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Franklin County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Dr. Mullison
(Address) 5400 Arsenal

15. FILED May 23 1930
REGISTRAR May C. Stark

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-21 1930

17. I HEREBY CERTIFY, that I attended deceased from May 19, 1930, to 6-21, 1930 that I last saw him alive on 6-21, 1930, and that death occurred, on the date stated above, at 7:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c
Chronic Myocarditis
(duration) yrs. 1 mos. 3 ds.
arterio Sclerosis (cerebral)
CONTRIBUTORY (SECONDARY) psychosis (duration) yrs. 1 mos. 3 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Dr. Mullison M. D.
6-21, 1930 (Address) 5400 Arsenal

*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 Graves Cemetery DATE OF BURIAL 6-23 1930

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton

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.

