

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **701**
Primary Registration District No. **1003**
(No. **U.S. Marine Hospital**)

File No. **21251**
Registered No. **6116**
St. Ward

2. FULL NAME **Ben Meyer**

(a) Residence. No. **3640 Marine** St., **24** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. **21** How long in U. S., if of foreign birth? **33** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 23, 1930** 19

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

17. I HEREBY CERTIFY, That I attended deceased from **June 2, 1930**, 19, to **June 23, 1930**, 19, that I last saw him alive on **June 23, 1930**, 19, and that death occurred, on the date stated above, at **11:30 A M**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 11 1879**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 12

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephrosis 131
Chronic Nephritis 123c
Unknown (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Laborer**
(b) General nature of industry, business, or establishment in which employed (or employer) **General Laborer**
(c) Name of employer **US Eng. Department, St. Louis**

CONTRIBUTORY (SECONDARY) **None** (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH **Unknown**

10. NAME OF FATHER **Herman Meyer**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF WAS THERE AN AUTOPSY? **No**

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **J.P. Palmer**, M. D.

12. MAIDEN NAME OF MOTHER **Elizabeth Wesolos**

6-23 19 **30** (Address) **3640 Marine Ave., St. Louis, Mo**

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

*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.

14. INFORMANT **Tom Harrison Supt.** (Address) **3640 Marine Ave., St. Louis, Mo.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Matthews Cem.** DATE OF BURIAL **6/25 1930**

15. FILED **Max C. Stankley** REGISTRAR

20. UNDERTAKER **C. Hoffmeister & Co** ADDRESS **1614 Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

