

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

Do not use this space.

21277
~~21877~~

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2042**) **Victor** St. Ward

File No.
Registered No. **6142**
St. Ward

2. FULL NAME

Margaretha Meyer
(a) Residence. No. **2042 Victor** St., **230** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 29, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 25

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).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **John Lammert**

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 **Edward Meyer** (Address) **2042 Victor St**

15. FILED **May 1 1930** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 24 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 23rd** 19**30**, to **June 24th** 19**30** that I last saw h. **ex** alive on **June 24th** 19**30**, and that death occurred, on the date stated above, at **7:20 A. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92A apoplexy cerebral hemorrhage
93C
82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **arteriosclerosis, arteriosclerosis, chronic myocarditis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **90W**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no**, DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**
(Signed) **C. S. Spunk**, M. D.

6-24, 1930 (Address) **22785 Jefferson**

*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 **New St. Marcus** DATE OF BURIAL **June 27 1930**

20. UNDERTAKER **Wacker-Helderle** ADDRESS **2331-5 Bluff**

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.

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