

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

Do not use this space.

24092

PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City St. Louis

Registration District No. 784
Primary Registration District No. 6030
(No. 134 N. Clay Ferguson Mo)

File No. _____
Registered No. _____
Ward _____

2. FULL NAME George A. Meyer

(a) Residence. No. 134 N. Clay Ferguson 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

MEDICAL CERTIFICATE OF DEATH

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

Sarah J. Meyer

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

Dec 19 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71

7

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Alabama

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

14. INFORMANT

(Address)

Howard J. Finney
134 N. Clay Ferguson

15. FILED

19 30

O. J. Schuch
REGISTRAR

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

7/8 1930

17.

I HEREBY CERTIFY, That I attended deceased from 5/12 1930, to 7/8 1930 that I last saw him alive on 7/8 1930, and that death occurred, on the date stated above, at 8:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

CONTRIBUTORY (SECONDARY)

Chronic nephritis & Senility (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Lab. - urine
W. Hughes M. D.

7-8 1930 (Address) Ferguson Mo

*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

DATE OF BURIAL

Valhalla

July 10 1930

20. UNDERTAKER

ADDRESS

A. Kron & Co

2584 N. Grand

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

