

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

Do not use this space.

24328

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City / No. of City**)

File No.

Registered No. **6461**

St. Ward

2. FULL NAME

(a) Residence. No. **3210 @ 9** St. **241** Ward.

(BITTER MEYER)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **About 57**

8. OCCUPATION OF DECEASED
5 (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) (STATE OR COUNTRY) **Salemia**

10. NAME OF FATHER **unknown**

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

12. MAIDEN NAME OF MOTHER **unknown**

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

14. INFORMANT (Address) **City, Mo.**

15. FILED JUL 19 **1930** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from **June 10 1930** to **July 3 1930** that I last saw him alive on **July 3 1930**, and that death occurred, on the date stated above, at **2:20 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
136

CONTRIBUTORY (SECONDARY) **Chronic nephritis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1590**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

71 (Signed) **John T. Mahan** M. D.
13 (Address) **City, 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

Matthews **7-5 1930**

20. UNDERTAKER ADDRESS **3013**

Churracher

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.

WHILE LIVING WITH ON ADJACING PART—THIS IS A PERMANENT RECORD

Pullerney

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