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.

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

Do not use this space.

791
1003

24776

File No.
Registered No. 6935.

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St Louis (No. 3732 Palm St. Ward)

2. FULL NAME Frank H. Meyer

(a) Residence. No. 3732 Palm St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Fillo Bro Produce Co
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Frank Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Wilhelmina Heitert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Dedee Meyer
(Address) 3732 Palm St

15. OCT 14 1930
FILED ....., 19.... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13- 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-13- 1930, to 7-13- 1930 that I last saw him alive on 7-13- 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thermic Fever
19 (Heat Prostration) (duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

Dr Jim Kerr Dep Corr 7/14/30

18. WHERE WAS DISEASE CONTRACTED 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) Irvin O Bor, M. D.
7-14, 1930 (Address) 2500 N Grove

*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
Calvary	7-16 1930
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

Dr O. Bar

3500 N Grand Ave Chicago

10-12

Co-8127

7606