

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1002  
 City..... (No. St. Anthony Hospital St. .... Ward)

File No. 28343  
 Registered No. 8198

**2. FULL NAME**

Minnie Meyer  
 (a) Residence. No. 106 N. 12th St., 25 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Meyer  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25-1852  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 3 22

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (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) Italy

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 Edward Reber  
 (Address) 3212 S. Potomac

15. FILED AUG 17 1930 Not C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1930  
 17. I HEREBY CERTIFY, That I attended deceased from June 17th to Aug 16 1930 that I last saw her alive on Aug 15 1930 and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis (Pulmonary Chx)  
myocardial Chx  
 930  
 930  
 CONTRIBUTORY (SECONDARY) SI (duration) ..... yrs. .... mos. .... ds.  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED St Louis mo  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? X Rays  
 (Signed) J. Curtis Lytle, M. D.  
 8-16-30 (Address) 525 S. Howard Bldg St. Louis

\*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 St Peter & Paul DATE OF BURIAL Aug 18 1930

20. UNDERTAKER Reuch & Schmitt ADDRESS 3732 S. Grand

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Max C. Starkloff  
Municipal Courts Bldg.  
St. Louis, Mo.

July 7 - 1931

Dear Doctor Starkloff;-

We have a letter from Paolo Valenti, Acting Royal Italian Consul, St. Louis, Missouri, which reads as follows;-

This is to acknowledge receipt of the death certificate of Domenica Della Vedova (Minnie Meyer). Of late she has used the name of Meyer, but her real name was Della Vedova. As the certificate of death must be used for the settlement of an estate in Italy, the one you sent would not answer the purpose. Everybody knows here that her real name was Della Vedova, therefore, I would like to know if, through an affidavit sworn by four witnesses that Domenica Della Vedova and Minnie Meyer are one and the same person, you could issue a new certificate under her real name. She was never married.

Will you kindly make an effort and forward us a statement proving that Della Vedova was never married, this is necessary before we can issue a certified copy on this certificate. Enclosed is a stamped envelope for an early reply.

Thanking you in advance for your kind cooperation.

Very respectfully,

James Stewart M.D.  
State Registrar.

RECORD IS A PERMANENT RECORD

RECEIVED JUL 10 1931  
STATE BOARD OF HEALTH  
OF MISSOURI

Supplementary and affidavits were forwarded  
to Jefferson City - Monday - July 6th  
Yours truly,  
Don Brack  
Deputy

ST. LOUIS, MO. June 24, 1931 - IX  
1218 OLIVE STREET

R. CONSOLATO D'ITALIA

No. 1257

Pos. C 7

DELLA VEDOVA Domenica  
(Minnie Myer)

State Board of Health,  
Bureau of Vital Statistics,  
Jefferson City, Mo.

Dear Sir:-

This is to acknowledge receipt of the death certificate of Domenica DELAA VEDOVA (Minnie Meyer). Of late she has used the name of Meyer but her real name was Della Vedova. As the certificate of death must be used for the settlement of an estate in Italy, the one you sent would not answer the purpose. Everybody knows here that her real name was Della Vedova, therefore I would like to know if, through an affidavit sworn by four witnesses that Domenica Della Vedova and Minnie Myer are one and the same person, you could issue a new certificate under her real name. She was never married.

An early reply will be greatly appreciated.  
Thanking you in advance, I am,

Very truly yours,

Paolo Valenti  
Acting Royal Italian Consul.

*P. H. Menestiere*

STATE OF MISSOURI )  
CITY OF ST. LOUIS ) ss.

I, Louis Steffen of the City of St. Louis, State of Missouri, do on my oath state that I was personally acquainted with Minnie Meyer during her life and that she is the same person as Della Vedova Domenica, and that she took the name of Minnie Meyer after she came to the United States.

Louis Steffen

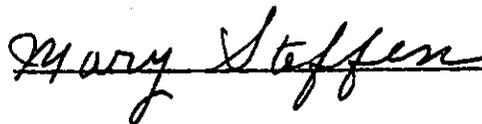
Subscribed and sworn to before me a Notary Public in and for the City of St. Louis, Missouri.

[Signature]

My term expires July 15th, 1932.

STATE OF MISSOURI )  
                          ) ss.  
CITY OF ST. LOUIS )

I, Mary Steffen of the City of St. Louis, State of Missouri, do on my oath state that I was personally acquainted with Minnie Meyer during her life and that she is the same person as Della Vedova Domenica, and that she took the name of Minnie Meyer after she came to the United States.

  
\_\_\_\_\_

Subscribed and sworn to before me a Notary Public in and for the City of St. Louis, Missouri.

  
\_\_\_\_\_

My term expires July 15th, 1932.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No..... File No. 28343  
 Township..... Primary Registration District No..... Registered No. 8198  
 City..... (No.....) St..... Ward.....

**2. FULL NAME** Della Fedora Domencia

(a) Residence. No..... St..... 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 Single  
(write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... (duration)..... yrs. mos. ds.  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED JUL - 6 1937 Max G Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1930

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)..... (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?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D. , 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY