

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

Do not use this space.

3891

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 1304² Sullivan Ave)

File No.

Registered No. 1137

St.

Ward)

2. FULL NAME Lloyd Meier

(a) Residence. No. 1304² Sullivan Ave. 26 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
-----------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer

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

10. NAME OF FATHER Gustave Meier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ills. 2
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elsie Seitz

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

14. INFORMANT Gustave Meier
(Address) 1304² Sullivan Ave.

15. W. C. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28²² 1931

17. I HEREBY CERTIFY, That I attended deceased from ON
January 28, 1931, that I last saw h. l. alive on Jan 28, 1931, and that death occurred, on the date stated above, at 9:20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchopneumonia
Primary
167A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) a few (duration) yrs. mos. days ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Allen N. Poe, M. D.

Jan. 28, 1931 (Address) 2712² N. 14th St

*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 Mascoutah Ills. DATE OF BURIAL Jan 30 1931

20. UNDERTAKER W. C. ... ADDRESS 1417
767 Leidner Blvd 608 N. Market

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Filed 29 1931

