

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

Do not use this space.

11813

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No.

City.....

(No. *St. Johns Hospital*)

File No. ....

Registered No. **3048**

St. ....

Ward)

**2. FULL NAME**

*Anna C. Meyer*

(a) Residence. No. *5612*

*Hodiamont 12th* Ward.

*St. Louis 90th St*

(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)**

*Married*

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

*Joseph Meyer*

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

*2-21-1882*

**7. AGE**

YEARS

MONTHS

DAYS

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

*49*

*0*

*17*

**8. OCCUPATION OF DECEASED**

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

*Housewife 33*

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

*St. Louis*

(STATE OR COUNTRY)

*mo*

**10. NAME OF FATHER**

*Bernard Brookhage*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

*Germany*

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

*Julia Schroeder*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

*Germany*

(STATE OR COUNTRY)

**14. INFORMANT**

(Address)

*Joseph Meyer  
5612 Hodiamont*

**15. MAR - 9 1931**

FILED

19

*Max C. Stender*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*March 8 1931*

**17.**

I HEREBY CERTIFY, That I attended deceased from *9/24/31*

....., 19....., to *3/7/31*....., 19....., and that that I last saw her alive on *3/7/31*....., 19....., and that death occurred, on the date stated above, at *11 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cerebral - Pulmonary Embolus*

*92A*

*82B*

*99A*

(duration) ..... yrs. .... mos. *17* ds.

CONTRIBUTORY (SECONDARY)

*Myocardial stenosis  
Embolus - right branch artery*  
(duration) ..... yrs. .... mos. *17* ds.

**18. WHEN WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *1*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Chow Miller* M. D.

(Address) *Chow Miller*

\*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**

*Calvary Cemetery*

**DATE OF BURIAL**

*3/11 1931*

**20. UNDERTAKER**

*H. A. Stock and Co*

**ADDRESS**

*2176 Grand*

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.

William Melton  
Miss. 1880. 1881.

Jeff 14980  
11

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12-3 to 2<sup>30</sup>