

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

Do not use this space.

**27081**

**1. PLACE OF DEATH**

County ..... Registration District No. 70  
 Township ..... Primary Registration District No. 1038  
 City St. Louis (No. 4355 W. Papin) ..... St. .... Ward)

File No. ....  
 Registered No. 8290

**2. FULL NAME**

Louisa Meyer  
 (a) Residence, No. 4355 W. Papin St., 18 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late John D. Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4, 1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pacific Mo</u>		
FATHER	13. NAME <u>Matthew Langenbacher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Magdalen Schmitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Feb. Langenbacher 4355 W. Papin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Charles</u> DATE <u>7-31</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Kriegerhaus 4109 N. Missouri</u>		
20. FILED <u>JUL 30 1931</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29 1931, to July 29 1931.  
 I last saw her alive on July 29 1931. Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Keratose

Date of onset

81A

820

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not

If so, specify (Signed) T. K. Adiney M. D.  
 (Address) 306 N. Grand

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.

