

SEP 25 1931

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

Do not use this space.

29284

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood (No. 7412, Flora Ave)Registration District No. 786
Primary Registration District No. 4469File No.
Registered No. 69
St. Ward)

2. FULL NAME

(a) Residence, No. 7412 Flora Ave. St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 18767. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
55 7 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brick
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) Stoyleton
(STATE OR COUNTRY) Illinois13. NAME Henry Dickmeyer14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany15. MAIDEN NAME Anna Obermeyer16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Germany17. INFORMANT Mrs. Henry E. Dickmeyer
(ADDRESS) 7412 Flora Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Stoyleton Illinois DATE August 22, 193119. UNDERTAKER Geo. L. Pleitsch Inc.
(ADDRESS) 5916 Easton Ave. St. Louis Mo20. FILED 8/20, 1931 Mercedes Schuster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 193122. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h. alive on....., 19..... Death is said

to have occurred on the date stated above, at 2459 a.m.

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

Chronic Myocarditis Date of onset930

Other contributor causes of importance:

930Name of operation None Date ofWhat test confirmed diagnosis? Path history 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?

If so, specify John O. Small(Signed) James of St. Louis, M. D.
(Address) County

W. J. ...
Cleveland, Ohio.

W. J. ...

7 2 6 9

W. J. ...