

**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.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital #1)

File No. 39547
Registered No. 11740
St. Ward)

2. FULL NAME

(a) Residence, No. St., 23 Ward. Boston Mass.
(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lilbor Meister</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/10/1909</u>		
7. AGE YEARS <u>abt 49</u>	MONTHS <u>✓</u>	DAYS <u>✓</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)
Indanover

13. NAME
UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
UNKNOWN

15. MAIDEN NAME
UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
UNKNOWN

17. INFORMANT (ADDRESS)
J. W. Kerner, Owners Office

18. BURIAL, CREMATION, OR REMOVAL PLACE
No Crematory DATE 11-24-1931

19. UNDERTAKER (ADDRESS)
Jacqueline Bros. 126 1/2 S. Chesapeake St.

20. FILED 24 1931 Registrar J. W. Kerner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-31, 19

22. 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 12:30 m.

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

Chronic Myocarditis
930
Other contributory causes of importance:
930

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

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

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.....

(Signed) J. W. Kerner, M. D.

(Address) 123/31

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.

