

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. 1007
(No. Missouri Baptist Hospital)

File No. 2410
Registered No. 65
St. Ward

2. FULL NAME Frieda Meyer,

6(a) Residence. No. 1461 Hamilton Blvd., St. 6 Ward.
(Usual place of abode)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	48	7	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At. Home 244
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

10. NAME OF FATHER Gustav Meyer,

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

12. MAIDEN NAME OF MOTHER Johanna Schwartz

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

14. INFORMANT Mrs. Willie Stein Meyer
(Address) 4530 Adelphi Ave

15. FILED JAN -3 1932 Max E. Standen
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 19 32

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 31 to Jan 2 19 32
that I last saw her alive on Jan 2 19 32 and that death occurred, on the date stated above, at 7:45 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo-carditis acute
operated for tubercular meningitis
CONTRIBUTORY (SECONDARY) of tubercular meningitis
(duration) yrs. mos. ds. 2
(duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 1511 15 ①
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 27-31
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Stecher's Clinical
(Signed) Chas. J. Freeman, M. D.
19 (Address) 6123 Easton

*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 St. Stanislaus DATE OF BURIAL Jan 5 19 32

20. UNDERTAKER Geo L. Preitisch ADDRESS 5966 Easton

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.

