

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

Do not use this space.

9901

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 786  
 6 Township Central Primary Registration District No. 4469  
 8 City Maplewood (No. 7336) Dayola St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 16  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 7336 Dayola St. \_\_\_\_\_ 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>male</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>Alma Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20, 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>10</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>Shelley silks</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	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>St. Louis 1</u>		
FATHER	13. NAME <u>Solomon Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hazenburg 10 Germany</u>	
MOTHER	15. MAIDEN NAME <u>Nathalia Lutz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France 9</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. D. Kelley 7336 Dayola</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Crematory</u> DATE <u>3/22 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. W. Berger 4915 Mc Pherson</u>		
20. FILED <u>Mar 22</u> , 19 <u>32</u> - <u>Mercedes Schuster</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to March 20, 1932  
 I last saw him alive on March 20, 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset \_\_\_\_\_  
chronic  
121 Intestinal  
respiratory  
 Other contributory causes of importance:  
121 (D)  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 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) D. A. Thomson, M. D.  
 (Address) 3127 U 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.

APR 28 1932 N. Grand

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