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.

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

Do not use this space.

10426

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2469

City St. Louis (No. 4136 Walsh St. ..... Ward)

2. FULL NAME John George Meyer

(a) Residence. No. 4136 Walsh St. 13 Ward. Staunton, Illinois
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? 53 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 23-1857

7. AGE: Years 74 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Mining
(c) Name of employer: —

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

PARENTS

10. NAME OF FATHER: John Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Germany.

14. INFORMANT: John W Meyer
(Address): 4630 Prince St St Louis

15. FILED ..... 19 1932 Max C Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. the 15th, 1932, to March the 14th, 1932, that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 3.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Osteoperiastitis
154 (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Abscess in Hippoint
(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? pus from Hip joint
(Signed) Reinhold Rissler, M. D
Mar 14, 1932 (Address) 3318 S. Grand Blvd

*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: Staunton, Illinois
DATE OF BURIAL: March 18 1932

20. UNDERTAKER: Wm Huntman
ADDRESS: Staunton

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 2469

Name: John George Meyer

Who died at: St. Louis, Mo. on Mar. 14, 1932.

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

154

CAUSE OF DEATH: Osteoperiostitis

Contributory: Abscess in hip joint.

"Non Tubercular" information given over phone by Dr.

Where was disease contracted? R. Passler, Div. of W. S. 9-29-32

Did operation precede death? _____ Date of _____

Was th...

S-10426