

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.

10427

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1007  
 City St. Louis (No. Central Hospital) St. 7 Ward 2470

**2. FULL NAME**

Mary Meyer  
 (a) Residence, No. 7859 Margaretta St., 7 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Meyer, Sr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10, 1877</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>1</u>
		DAYS
		<u>3</u>
		IF LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u> <u>126</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>126</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>Mo</u> <u>1</u>		
FATHER	13. NAME <u>Frederick Baldus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Fred Meyer, Jr</u> <u>4859 Margaretta</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berkany Cem</u> DATE <u>March 16, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>D. Schmann Karal</u> <u>1905 Walnut Blvd</u>		
20. FILED <u>MAR 15 1932</u> <u>Ray C. Starling</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1932 Mar 13, 1932  
 I last saw her alive on Mar 12, 1932 Death is said to have occurred on the date stated above, at 3:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Granis  
Renal  
Renal  
Jaundice  
 Other contributory causes of importance: 126  
Bill Stone  
 Name of operation Bill bladder operation Date of 2-24-32  
 What test confirmed diagnosis? Asympt 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? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) D. Schmann Karal, M. D.  
 (Address) 2943 S. Grand

2741

Grand

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