

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.

✓ 10891
File No. _____
Registered No. 2967
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1112
City St. Louis (No. City Hospital)

2. FULL NAME

Frank H. Meyrose
(a) Residence, No. 3829 Delmar Ward 19
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lena Meyrose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1855
7. AGE YEARS 76 MONTHS 9 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanist
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) St. Louis Missouri

MOTHER FATHER 13. NAME Ferdinand Meyrose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul Ch. DATE Mar. 28 1932

19. UNDERTAKER (ADDRESS) J. H. Gubner & P. O. Co. 2842 Delmar Ave. St. Louis

20. FILED MAR 28 1932 Frank W. Ward Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 20th 1932 to Mar 25th 1932
I last saw him alive on Mar 25th 1932 Death is said to have occurred on the date stated above, at 6:50 PM

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

Cerebral Hemorrhage
9:30 AM
8:00 AM
Other contributory causes of importance: Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol 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) F. W. Ward M. D.
(Address) City Hospital

myrose