

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

Do not use this space.

14319

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 3501 , S. Grand Blvd. St. _____ Ward _____)

File No.....
Registered No. 3655
St. _____ Ward _____

2. FULL NAME Mary Meyer

(a) Residence, No. 3501 S. Grand Blvd. St. 16 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Fredrick W. Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10th 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work At Home
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) Germany

13. NAME Henry Gehner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Henry J. Meyer
(ADDRESS) 324 S. Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE April 15th 1932

19. UNDERTAKER Hauck & Schmitt, Inc.
(ADDRESS) 3732 S. Grand Blvd

20. FILED 14 1932 Registrar Wm. C. Stanley

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1932 to Apr 13th 1932
I last saw her alive on Apr 13th 1932 Death is said to have occurred on the date stated above, at 6.25 m. a.m.
The principal cause of death and related causes of importance were as follows:

acute La Grippe Date of onset 3/29/32
acute myocarditis 4/8/32
chr interstitial nephritis sup
chr arterio sclerosis 10 yrs

Other contributory causes of importance: ①

Name of operation None Date of _____
What test confirmed diagnosis Phys exam 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? No
If so, specify _____

(Signed) Red Stein _____, M. D.
(Address) 3606 Gravois

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.

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