

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

Number 7 20578 25

Do not use this space.

20578

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
 4 Township Primary Registration District No. 3036
 8 City St. Charles (No. St. Joseph's Hospital) St. Ward)

2. FULL NAME

(a) Residence, No. 1109 A 2nd St., Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 121 B
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66 B
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 121 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER FATHER 13. NAME William H Meyer

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

15. MAIDEN NAME Elizabeth Meyer

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

17. INFORMANT Wm F Meyer
 (ADDRESS) 6187 West N. St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Indian Cem. DATE June 23 1932

19. UNDERTAKER W. Dallmeyer & Sons
 (ADDRESS) 900 W. 2nd St. St. Charles Mo

20. FILED 677 19 27 St. Joseph's Hospital
 Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1932
 22. I HEREBY CERTIFY That I attended deceased from May 16 1932 to June 20 1932
 I last saw him alive on June 20 1932 Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset
21 B
66 B
121 B (1)
 Other contributory causes of importance:
Typhoid fever
Chronic myocarditis

Name of operation Appendectomy Date of 6/16/32
 What test confirmed diagnosis? clinical Was there an autopsy?

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) Ben S. Pfeiffer, M. D.
 (Address) St. Charles, Mo.

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.

JUN 27 1932

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100

100

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Charles
Township.....
City..... (No....., Ward.....)

Registration District No. 757
Primary Registration District No. 3036

File No.....
Registered No. 101
St..... Ward.....

2. FULL NAME

(a) Residence, No..... St..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 477 1937 H. G. Bloebaum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Chronic nephritis Date of onset.....

Gangrenous ruptured appendix 6/8/32

Other contributory causes of importance:

Toxic thyroid adenoma
chronic myocarditis

Name of operation Appendectomy Date of..... 5/10/32

What test confirmed diagnosis?..... Was there an autopsy?.....

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) B. R. Neubeiser, M. D.

(Address) St. Charles, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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