

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

Do not use this space.

21008

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. 8564 N. Broadway)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 5509 St. .... Ward)

**2. FULL NAME** Donat Meyer

(a) Residence, No. 8564 N. Broadway 8 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-14-1852</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>24</u> If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 930</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Blacksmith 77</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation <u>980</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellville Ill</u>		
MOTHER	13. NAME <u>Donat Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany Ill</u>	
FATHER	15. MAIDEN NAME <u>Katherine Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Edwin J. Frank</u> (ADDRESS) <u>8564 N. Broadway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frederick</u> DATE <u>6-11</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. A. Stork Head Co</u> (ADDRESS) <u>2117 S. Grand Blvd</u>		
20. FILED <u>JUN 10 1932</u> <u>N. C. Harker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 28 1930 to June 8 1932.  
I last saw him alive on June 8 1932 at 8:30 A. Death is said to have occurred on the date stated above, at 8:30 A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
General arterio-sclerosis  
D 930  
Other contributory causes of importance:  
Arterio-sclerotic  
Magnesium left foot  
Senility

Name of operation..... Date of.....  
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? No.  
If so, specify.....  
(Signed) F. J. Hillering M. D.  
(Address) 8321 No. Broadway

V. NO. 2 MAGN RESERVED FOR BINDING 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.

Dr. Herring

15-12

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