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.

21217

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 5770

City St. Louis Mo (No. ....., 2116 S. 13 St. ..... St. ..... Ward)

2. FULL NAME Charles F. Meier

(a) Residence, No. ..... St., 23 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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1858

7. AGE YEARS 74 MONTHS 3 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Stair Co.

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) Quincy Ill

FATHER

13. NAME Unknown Meier

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna M. Meier 2116 S. 13 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul Cem'y DATE 6-20-1932

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd

20. FILED JUN 19 1932 Max Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932, to June 17, 1932

I last saw him alive on 6/16/32, 19..... Death is said to have occurred on the date stated above, at 1:40 a.m.

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

Angina Pectoris — Date of onset unknown

Other contributory causes of importance:

Name of operation non Date of .....

What test confirmed diagnosis? Physical Ex 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) [signature], M. D.

(Address) 2702 S. Bowery