

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

Do not use this space.

23998

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. 154 N. Meramec) St. _____ Ward _____

2. FULL NAME

Bertha Anterweith Meeks
 (a) Residence, No. 154 N. Meramec St., _____ 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 7 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 0 25

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 21325

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) Mo. 1

13. NAME Geo. Anterweith

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

15. MAIDEN NAME Marie Schmidt

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

17. INFORMANT (ADDRESS) Carl Meeks 154 N. Meramec

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Ch. 7-3-32

19. UNDERTAKER (ADDRESS) Louis J. Kopp 1111 Rinkwood Mo

20. FILED July 2, 1932 R. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1, 1928, to July 1, 1932
 I last saw him alive on June 30, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of gall bladder with metastases to the liver. Date of onset 1931
4-6-32
 Other contributory causes of importance Home Gall stones 1928

Name of operation cholecystectomy Date of Sept 1931
 What test confirmed diagnosis? lab. 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) Samuel B. Grant, M. D.
 (Address) 3720 Washington

MARGIN 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.

27 1932

V.S. NO. 2.

P. B. Grant