

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

Do not use this space.

24103

**1. PLACE OF DEATH**

County..... Registration District No. 79  
Township..... Primary Registration District No. 50  
City St. Louis (No. 3923, Green Ave.)

File No.....  
Registered No. 6163  
St. .... Ward

**2. FULL NAME**

Louise Meyer  
(a) Residence, No. 3923 Green Ave. St. 10 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herward E. Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>23</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>At home</u>	
	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) <u>Stanton, Del.?</u>		
FATHER	13. NAME <u>Fred. Maxe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Fred. Meyer</u> (ADDRESS) <u>3923 Green</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Peter's Cem</u> DATE <u>July 4 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Reiderwider Funeral Home</u> <u>1152 3/4 E. 12th St.</u>		
20. FILED JUL 4 1932 <u>St. Louis</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from January 1 1922 to July 1 1932  
I last saw her alive on July 1 1932 Death is said to have occurred on the date stated above, at 5:00 P. M.  
The principal cause of death and related causes of importance were as follows:  
Cancer of the Corpus Uteri  
48 48  
Other contributory causes of importance:  
①

Name of operation ..... Date of .....  
What test confirmed diagnosis? Gynecological 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?  
If so, specify .....  
(Signed) Frederick M. Holquist M. D.  
(Address) 1607 Blair Ave

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.

