

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.

OCT 24 1934

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

Do not use this space.

28510

1. PLACE OF DEATH

County Richmond Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Peace Hospital)

File No. _____
 Registered No. 870 Ward _____
 St. _____

2. FULL NAME

(a) Residence, No. 707 So 15th St., _____ Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 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>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1924</u>		
7. AGE <u>8</u> YEARS	MONTHS <u>0</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at school</u>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph Mo</u>		
13. NAME <u>Louis F. Meister</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joe. Mo</u>		
15. MAIDEN NAME <u>Margaret Milan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>		
17. INFORMANT (ADDRESS) <u>Louis F. Meister</u> <u>707 So 15th</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Not at level</u> DATE <u>9/12/34</u>		
19. UNDERTAKER (ADDRESS) <u>Stueh - Stamer</u> <u>9 1934</u>		
20. FILED <u>9-10-34</u> <u>John R Binder</u> Registrar		

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 '34

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1934 to Sept 9, 1934
 I last saw him alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
115A
103B
hemorrhage from throat
 Other contributory causes of importance: 103
Cellular Cyanosis

Name of operation Tracheotomy Date of Aug 31 '34
 What test confirmed diagnosis? _____ Was there an autopsy? 20

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) W. E. Hartsoch M.D.
 (Address) First St. Bldg 1316

