

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

Do not use this space.

42663

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 5110 Page Blue)..... St. Ward)

File No. 3
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Thomas Lorain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1865</u>		
7. AGE YEARS <u>abt. 67</u>	MONTHS <u>—</u>	DAYS <u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home 186</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>194</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>108</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>Henry Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Margaret Borbeck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Leo Lorain 5110 Page Bldg.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabany</u> DATE <u>Jan 2nd 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly and Co 2039 First St.</u>		
20. FILED <u>JAN -1 1932</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from

10-30 1932, to 12-30 1932

I last saw him alive on 12-30 1932 Death is said

to have occurred on the date stated above, at 11⁰⁰ p.m.

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

Fracture of the right humerus at the neck and greater tuberosity from fall to the sidewalk at church - St. Louis Mo.
Other contributory causes of importance: Accident Pulmonary Infarct with resultant Pneumonia (lobar) Embolism left femoral vein

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 10-30 1932

Where and how occurred? St. Louis, Mo.
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall to sidewalk
Nature of injury Fractured Humerus

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) John W. H. [Signature] M. D.
(Address) University Club Bldg.

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.

2010
S. M. R.

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