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.

File No. 4010
Registered No. 976

1. PLACE OF DEATH

County ..... Registration District No. 5405
Township ..... Primary Registration District No. 5405
City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave., St. 10 Ward)

2. FULL NAME Charles H. Meyer

(a) Residence, No. 3825 Lee Ave., St. Louis, Mo. 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

FATHER

13. NAME Henry Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Louise Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) [illegible] U.S. Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 30, 1933

19. UNDERTAKER [illegible]
(ADDRESS) 3710 N. Grand Blvd

20. FILED JAN 27 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, 19, to Jan. 26, 1933, 19
I last saw him alive on Jan. 26, 1933, 19. Death is said to have occurred on the date stated above, at 2:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptochrichosis, left lung, upper lobe 43A 43A 43	Sept. 1932

Other contributory causes of importance:

Abscesses, multiple, of spleen	Dec. 1932

Name of operation None Date of
What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? Yes incomplete.

23. If death was due to external causes (violence), fill in also the following: No
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? X
If so, specify
(Signed) J. A. Smith, A. A. Surg. U.S.P.H.S., M. D.
(Address) U.S. Marine Hospital, St. Louis, Mo.

Certificate signature not off charge