

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

1933 FEB 28

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.

*Dr. H. H. ...*  
File No. ....  
Registered No. 152  
St. .... Ward)

1. PLACE OF DEATH  
 39 City St. Louis Registration District No. 318  
 5-1 Township Springfield Primary Registration District No. 2001  
 2. FULL NAME Joseph J. Meyer  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of birth) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds.  
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 07 10 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
 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 AND COUNTRY) St. Louis  
 FATHER 13. NAME Joseph J. Meyer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 MOTHER 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT (ADDRESS) Mrs. J. A. Kinder  
 18. BURIAL, CREMATION, OR REMOVAL Springfield  
 19. UNDERTAKER (ADDRESS) Springfield  
 20. FILED 2 16 1933 Ralph W. Houston  
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 15 1933  
 I last saw h. alive on Feb 14 1933. Death is said to have occurred on the date stated above, at 6 9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis  
11/1/33  
 Date of onset Feb 6-33  
 Other contributory causes of importance:  
Perforated Duodenal Ulcer Feb 5-33  
 Name of operation Laparotomy Date of Feb 13-33  
 What test confirmed diagnosis? Operative 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) H. H. ..., M. D.  
 (Address) 1413 Holland Bldg.

