

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

Do not use this space.

7966

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No. 701  
City St. Louis (No. 3910 Commissary)

File No.....  
Registered No. 1966  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 3910 Commissary St. 16 Ward.....

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager (mfg. Co.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) St. Louis, Mo.

13. NAME August T. Meier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Ernestine Bollman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Edgar Meier (ADDRESS) 3910 Commissary St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth's DATE Feb 27 1933

19. UNDERTAKER (ADDRESS) 302-912 N. 1st St. St. Louis

20. FILED FEB 26 1933 Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1933

I HEREBY CERTIFY, that I attended deceased from July 21 to July 24, 1933  
I last saw him alive on July 24, 1933 Death is said to have occurred on the date stated above, at 12 P m.

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

Angina Pectoris  
due to arteriosclerosis  
of the heart  
59  
1937

Other contributory causes of importance  
hypertension  
chronic nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis? urine 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) Edgar Meier, M. D.  
(Address) 3844

WRITE PLAINLY, WITH UNFADING INK. THIS IS A STATISTICAL RECORD. 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.

Dr. C. Benington

2844<sup>a</sup> California Ave