

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

Do not use this space.

11258

1. PLACE OF DEATH

County Registration District No. 781
 Township Primary Registration District No. 1003
 City St. Louis (No. City Hospital) St. Ward)

2. FULL NAME

(*) Residence, No. 6025 Suburban 5 Ward
 (Usual place of abode) (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

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) Jefferson Co. Missouri
 (STATE OR COUNTRY)

13. NAME John Meyers

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar. 10, 1933

19. UNDERTAKER (ADDRESS) Joseph C. Starnes

20. FILED 11-8-33 W. C. Starnes Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1933, to Mar. 8th, 1933.
 I last saw him alive on Mar 8th, 1933. Death is said to have occurred on the date stated above, at 12:30 am.
 The principal cause of death and related causes of importance were as follows:

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

Chor. Myocarditis
Subacute interstitial nephritis

Other contributory causes of importance:

Subacute interstitial nephritis

Name of operation none Date of
 What test confirmed diagnosis? Urinal Was there an autopsy? yes

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. C. Starnes D.
 (Address) City Hospital

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.

WRITE PLAINLY, WITH CARE

