

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

Do not use this space.

21081

1. PLACE OF DEATH

County..... Registration District No.
Township..... Primary Registration District No.
City St. Louis (No. 4773 Larkin Ave. St. Ward) (If nonresident, give city or town and State)

File No.
Registered No. **4830**

2. FULL NAME

Henry John Meyer
(a) Residence, No. 4773 Larkin St. of 7 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21, 1880</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY That I attended deceased from June 2, 1933, to June 2, 1933

I last saw him alive on June 2, 1933 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:
Akron, Bulmonary tuberculosis

Other contributory causes of importance:
hemorrhage of lungs

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Henry Meyer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Helen Mable</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mr. Tom Railiff 6801 Pershing</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trons</u> DATE <u>6-5-33</u>	
19. UNDERTAKER (ADDRESS) <u>Tronst. Mch. Co. 3710 N. Grand Blvd.</u>	
20. FILED <u>2 533</u> , 19 <u>33</u> <u>J. F. Bredeck</u> Registrar.	

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....., 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?.....
If so, specify.....
(Signed) One J. Abel, M. D.
(Address) 4160 small Engle St. Wash. D.C.

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 UNFADING INK—THIS IS A PERMANENT RECORD

Mr. C. G. Church.

4100 W. Main Bridge Rd.
3633 Fair Ave.