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. 21473

Registered No. 5259

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 5002

City St Louis (No. ..... , ... St. ..... Ward)

2. FULL NAME Henry Meier Sr

(a) Residence, No. 2020 Mallinckrodt St., 26 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	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 deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31st 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	—	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Ferguson McKinney D.G.C.

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) Mo

FATHER

13. NAME Anthony Meier

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

MOTHER

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Henry Meier Jr 2020 Mallinckrodt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 19th 1933

19. UNDERTAKER (ADDRESS) Edward Koch 3708 14th St

20. FILED JUN 17 1933, 19..... J F Bieneck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933 to June 15, 1933

I last saw him alive on June 15, 1933 Death is said to have occurred on the date stated above, at 12:00 P m.

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

	Date of onset
1) CRB	
2) Coronary Thrombosis	
3) Arteriosclerosis	
4)	

Other contributory causes of importance: Chronic myocarditis

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? no

If so, specify .....

(Signed) Joseph Gill, M. D.

(Address) 3636 Hebert