

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

Do not use this space.

**23124
2827**

1. PLACE OF DEATH

County Madison Registration District No. _____
 Township Bar Primary Registration District No. _____
 City Manassas (No. 1200 General Wood) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Alexander Meyers

(a) Residence, No. 609 E 9th St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 50 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 Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1865

7. AGE YEARS 68 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 OR COUNTRY) Memphis Tenn

13. NAME J. A. Meyers

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

15. MAIDEN NAME Minnie Wolf

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

17. INFORMANT (ADDRESS) The Grace Clark 1200 General Wood

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry Hill Cemetery DATE July 10, 1933

19. UNDERTAKER (ADDRESS) Carroll Davidson 3024 12th

20. FILED July 5, 1933 Wm M Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-33

22. I HEREBY CERTIFY, That I attended deceased from 7-6-33 to 7-6-33, 1933

I last saw him alive on 7-6-33 Death is said to have occurred on the date stated above, at 9:05 AM
 The principal cause of death and related causes of importance were as follows:

Retroperitoneal Sarcoma
466
107A
46
 Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) J. H. Gennard M. D.
 (Address) Subst 1200 General Wood

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.

