

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.

NOV 10 1933

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

Do not use this space.

30746

1. PLACE OF DEATH

County St Louis Registration District No. 784
Township St Ferdinand Primary Registration District No. 6030
City (No.) St. Ward

2. FULL NAME

Anna Meyer
(a) Residence, No. Derhake Rd Blansant Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anton V Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24th 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 9 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Mo

13. NAME Bernard Keever

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

15. MAIDEN NAME Helen Birkmeyer

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

17. INFORMANT Anton V Meyer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis aut Mo
Sanct Heart Cem DATE Sept 30th 1933

19. UNDERTAKER Edward Koch
(ADDRESS) 3516 N 14th St St Louis Mo

20. FILED Oct 28th 1933 Emma J Harris
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1933, to SEP 26 1933

I last saw her alive on SEP 25 1933 Death is said to have occurred on the date stated above, at 6:20 a.m.

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

114B
Pulmonary Abscess 8-21-33
Date of onset
Other contributory causes of importance:
114B

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

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. J. Williamson, M. D.
(Address) Blansant - Mo.

