

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

Do not use this space.

37712

PLACE OF DEATH
 County St. Louis Registration District No. 787
 Township St. Ferdinand Primary Registration District No. 6030
 City Vigors (No. _____) St. _____ Ward _____

2. FULL NAME Ernestine Gladys Meyer
 (a) Residence, No. _____ St. _____ Ward Vigors Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Female 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 23-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	1	6	22	

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

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) Vigors, Mo.

FATHER
 13. NAME Earl Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creston, Mo.

MOTHER
 15. MAIDEN NAME Gladys Brock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield, Mo.

17. INFORMANT Earl Meyer
 (ADDRESS) Vigors, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Lee Cem. DATE 11-17-1933

19. UNDERTAKER Harman Bros. Inc.
 (ADDRESS) 2504 Woodson Overland, Mo.

20. FILED 11-20-1933 Ed Harris
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1933, to Nov. 14th, 1933
 I last saw him alive on Nov. 14th, 1933. Death is said to have occurred on the date stated above, at 11:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Septicemia of Larynx Date of onset 11.10.33

Other contributory causes of importance:
NO

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) H. J. Coffey, M. D.
 (Address) Pattonville, Mo.

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.

