

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

Do not use this space.

41352

AN 26 1934
16

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Central Primary Registration District No. 6248 B
 City St. Louis, Mo. (No. Rock Hospital) St. _____ Ward _____

2. FULL NAME Sam Meier (Samuel F. Meier)
 (a) Residence, No. 553 R. Davidson St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 9 mos. 25 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 (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF Annie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 - 1876

7. AGE YEARS 57 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER
 13. NAME Herman Meier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Mary Helwig
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Phyllis Putaywell
 (ADDRESS) 7304 Pennycuik

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cabrey Cem DATE 1-4-1934

19. UNDERTAKER C. Hoffmeister & Co.
 (ADDRESS) 7014 E. Broadway

20. FILED 1-3 19 24 St. Louis, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933 to Dec 31 1933
 I last saw him alive on Dec 30 1933 Death is said to have occurred on the date stated above, at 7:35A.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1928
23A
 Other contributory causes of importance:
W

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) Stanley R. Benson, M. D.
 (Address) St. Louis, Mo.

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.

STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

