

FEB 27 1934
54

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

Do not use this space.

1719

1. PLACE OF DEATH
 County Lafayette Registration District No. 454 File No. _____
 Township _____ Primary Registration District No. 5624 B Registered No. 1
 City Louis (No. _____) St. _____ Ward _____

2. FULL NAME Catharina Meyer
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 2 - 1840

7. AGE YEARS 93 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

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) Germany

13. NAME John Reitz

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

15. MAIDEN NAME _____

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

17. INFORMANT Martin F. Meyer (ADDRESS) Concordia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Lutheran Cemetery DATE Jan 21, 1934

19. UNDERTAKER H. F. Deering (ADDRESS) Concordia, Mo.

20. FILED 1-19-1934 J. G. W. Fischer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 17 - 1934

22. I HEREBY CERTIFY that I attended deceased from Sept 10, 1933, to Jan 17, 1934
 I last saw him alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 10:52 a.m.
 The principal cause of death and related causes of importance were as follows:
Gastritis, acute Date of onset Sept 10
97
180
122

Other contributory causes of importance:
Old age and Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Paul H. Shyman, M. D.
 (Address) Concordia, Mo.

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X

