

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.

FEB 27 1934

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

Do not use this space.

3359

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St. Louis* (No. *5510*, *Sevey Ave.*)

File No.....
Registered No.: **1046**
St. Ward)

2. FULL NAME

Louise Meyer

(a) Residence, No. St. *15* Ward.

(Usual place of abode) (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 THOUSANDS OF (OR) WIFE OF *Casper*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 24, 1883*

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
50. 5. 3.

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

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) *St Louis Mo.*

13. NAME *John Ausler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo.*

15. MAIDEN NAME *Kate Kotheimel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo.*

17. INFORMANT (ADDRESS) *Casper Meyer 5510 Sevey Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Market Burial* DATE *1/30* 19*34*

19. UNDERTAKER (ADDRESS) *C. Hoffmeister & Co. 1718 1/2 So Broadway*

20. FILED *JAN 29 1934* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 27* 19*34*

22. I HEREBY CERTIFY That I attended deceased from *11-4* 19*33* to *1-27* 19*34*

I last saw him alive on *Jan 27* 19*34*. Death is said to have occurred on the date stated above, at *2:40 A.* m.

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

Chronic Myocarditis
Chronic Nephritis
Diabetes Mellitus
Hypertension

Date of onset
1928
1928
1928
1933

Name of operation *None* Date of *None*
What test confirmed diagnosis? *Chemical Lab.* 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) *J. H. ...* M. D.
(Address) *5417 So Grand Blvd*

Ri 5511

5417 So. Grand