MAR 24 1934

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

Do not use this space.

File No. 6324 (10)

Registered No.

1. PLACE OF DEATH

County: St Louis — Registration District No. 786

Township: Central — Primary Registration District No. 4469

City: Maplewood (No. 7479 Hazel St., Ward)

2. FULL NAME ELIZABETH MEYER

(a) Residence, No. 7479 HAZEL St., Ward. MAPLEWOOD 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: FEDINAND MEYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	7	25	

OCCUPATION

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

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): Troy Mo.

FATHER

13. NAME: Leonard Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Margaute Fetch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT: Leonore Henkel
(ADDRESS) 7479 Hazel ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellfountain DATE: Feb. 8 1934

19. UNDERTAKER: Jay B Smith
(ADDRESS) 1456 Manchester Ave.

20. FILED: Feb 7 1934 Pauline Breitenstein, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/5 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/9 1933 to 2/5 1934

I last saw her alive on 2/3 1934 Death is said to have occurred on the date stated above, at 7:10 P.m.

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

Cause	Date of onset
Chr. Endocarditis	1924?

92

Other contributory causes of importance:

Cause	Date of onset
Acute Myocarditis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Phys. Ex. 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) E. E. Evans, M. D.

(Address) 7901 Big Bend Bl.

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.