

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 333 File No. 10250
 Township St. Ferdinand Primary Registration District No. 4468 Registered No. 59
 City Ferguson Twp. (No. Edmundson Road) Ward

2. FULL NAME

(a) Residence, No. Post 7, Wellston, Mo. Ward. (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 Male 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 Mary Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 6 3

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

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 Missouri

MOTHER FATHER 13. NAME John Meyer

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

15. MAIDEN NAME Can't know

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

17. INFORMANT (ADDRESS) Nary Meyer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE Mar. 16, 1934

19. UNDERTAKER (ADDRESS) Jos. N. Clark

20. FILED Mar 15 1934 H. A. Zeller Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 -, 1934, to Mar. 13, 1934

I last saw him alive on Mar. 12, 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Apoplexy (Cerebral)

Chronic

Other contributory causes of importance

Hypertension Chronic 9.

Arteriosclerosis Chronic 9.

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? No 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 _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Ray A. Walther, M. D. (Address) Overland 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.

APR 25 1934

