

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

Do not use this space.

MAY 25 1934

File No. **15079**
Registered No. **4292**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **4125 N. 22 St. 1008**)

2. FULL NAME August Meierhard

(a) Residence, No. **4125 N. 22** St. **26** Ward.

Length of residence in city or town where death occurred **40** yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Minnie Meierhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own cigar shop
10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

13. NAME Not known Meierhard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT (ADDRESS) Mrs. Minnie Meierhard 4125 N. 22 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE April 30, 1934

19. UNDERTAKER (ADDRESS) Chudman & Sons 3934 N. 22 St.

20. FILED FR 27 19 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/26/34 (5:30 AM) 1934, to 4/26/34 1934. I last saw him alive on 4/26/34 1934. Death is said to have occurred on the date stated above, at 6:00 P. m.

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

Angina Pectoris coronary occlusion Date of onset 1 yr.

Other contributory causes of importance: Myocardium 2 yr.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) R. W. Crossman, M. D. (Address) 401 B. Linn Ave.

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.

