

MAY 25 1934

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

Do not use this space.

15295

1. PLACE OF DEATH

County St. Louis
Township Carroll
City St. Louis (No. 200 Military Rd)

Registration District No. 1123
Primary Registration District No. 6248A

File No.
Registered No. 113
St. Ward)

2. FULL NAME

Paul W. Meiss

(a) Residence, No. 200 MILITARY RD, St. 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 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 Margaret Meiss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Iron Worker

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) Germany13. NAME Friedrich Meiss14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Wilhelmina Rand16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Margaret Meiss (ADDRESS) 200 MILITARY RD18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE April 14, 193419. UNDERTAKER Geo. B. Fendley Jr. (ADDRESS) 7122 Michigan Ave20. FILED 4-19, 1934 W. H. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to April 12, 1934I last saw him alive on April 11, 1934 Death is saidto have occurred on the date stated above, at 7:30 A. M.

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

Cirrhosis of Liver
Metastasis
1248

Date of onset

Other contributory causes of importance:

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?.....

If so, specify no(Signed) A. W. H. H. H., M. D.(Address) 4145 - H St. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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