

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *4571*, *Wichita ave*) St. Ward

File No. **18498**
 Registered No. **4979**
 St. Ward

2. FULL NAME *Jane Josephine Meyer*

(a) Residence, No. *4571*, *Wichita* St., *18* Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF *Henry Meyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 8, 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 8

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

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) *Unknown*

13. NAME *Unknown Oldfield*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Henry Meyer* (ADDRESS) *4571 Wichita ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine Cem.* DATE *5-18*, 19*34*

19. UNDERTAKER *Theodore J. Spertanus* (ADDRESS) *4381 1/2 St. Louis Highway*

20. FILED 19 *11* *J. J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *1915* 19*15* to *May 16*, 19*34*
 I last saw him alive on *May 16*, 19*34* Death is said to have occurred on the date stated above, at *1:30 P.* m.

The principal cause of death and related causes of importance were as follows:
Senile Debility Date of onset *1915*

Other contributory causes of importance:
Arteriosclerosis, Chronic Pyelitis, Bladder Stones

Name of operation *MW* 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) *G. O. G. May* M. D.
 (Address) *1218 Olive St*

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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