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.

JUL 21 1933

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. 789 — File No. 26299
Township Central — Primary Registration District No. 6033 — Registered No. 191
City Pine Lawn (No. 6294 South Drive St. ..... Ward)

2. FULL NAME Gottlieb Meyer
(a) Residence, No. 6294 South Drive St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma E. Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1847
7. AGE YEARS 87 MONTHS 0 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer
10. Date deceased last worked at this occupation (month and year) 20 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER
13. NAME John Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs. H. W. Hamilton 6294 South Drive
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE July 4 1934
19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd
20. FILED 7-3 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to July 2, 1934
I last saw him alive on July 1, 1934. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
21	Chr Myocarditis	?
93	Chr Parenchymatous Nephritis	
162	Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab + Clinical 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) Herbert J. Langsdorf, M. D.
(Address) 3115 So Grand