

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

Do not use this space.

30786

1. PLACE OF DEATH SEP 13 1934

County _____
Township _____
City St. Louis (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 18045
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 368 Poplar Ave St. 9 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 Sabella Meyer (Rueller)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

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 Mo

13. NAME Charles Meyer

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

15. MAIDEN NAME Caroline Wedg King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Mrs. Caroline Meyer (ADDRESS) 3716 Locust Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Aug. 8, 1934

19. UNDERTAKER (ADDRESS) W. H. Germany and Son 2115 Park Ave

20. FILED AUG 14 1934 J. Bredsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Gunshot wound of abdomen perforating small intestine, red in garish in rear of 368 Poplar about 9:20 P.M. 7/29/34. Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 7/29/1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shooting

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harold Kelly

(Address) _____

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.

AUG 14 1934

