

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.

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

Do not use this space.

SEP 13 1894

791
1003

31028

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1410 So 12th)

File No.
Registered No. 8295
St. Ward)

2. FULL NAME

(a) Residence, No. 1410 So 12th St. 23 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18, 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1934
22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1934, to 8-11, 1934
I last saw him alive on 8/11, 1934 Death is said to have occurred on the date stated above, at 545 m.
The principal cause of death and related causes of importance were as follows:

Heat Prostration
131
936
77 191 315
Other contributory causes of importance:
chronic myocarditis & marked arteriosclerosis
chronic nephritis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT <u>Anna Meyer</u> (ADDRESS) <u>1410 So 12th St.</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>New Ticker</u> DATE <u>8-14 1934</u>	
19. UNDERTAKER <u>H. C. Maydell</u> (ADDRESS) <u>1929 G. Street</u>	
20. FILED <u>Aug 14</u> 19 <u>34</u> <u>J. P. Orndorff</u> Registrar.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Wm. J. McLaw, M. D.
(Address) 280 S. W. Main St. St. Louis

