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.

37249

NOV 22 1934

1. PLACE OF DEATH
County: St Louis — Registration District No.: 790
Township: — Primary Registration District No.: 6933a
City: Clayton (No. 450 Arundel Pl. St. Ward)

File No.:
Registered No.: 334

2. FULL NAME: Elizabeth M. Meier
(a) Residence, No. 450 Arundel Pl. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: late John H. Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6, 1853

7. AGE: Years 81 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
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): St Louis Mo

FATHER
13. NAME: George Mayer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

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

17. INFORMANT: Mrs Clinton Gorla
(ADDRESS) 50 Arundel Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: 10-6 1934

19. UNDERTAKER: Kieselhorst Mortuaries
(ADDRESS) 4528 So. Kingshighway

20. FILED: 11/5 1934 Robt J. Kinkelstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to Oct 3, 1934
I last saw him alive on Oct 3, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
8th A	
1	
6 2 C	
1	
6	
Other contributory causes of importance:	
Arteriosclerosis	
Emphysema	
Hypertension	

Name of operation: — Date of:
What test confirmed diagnosis? Paralysis 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: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis H. Behrens, M. D.
(Address) 102 No Broadway
At home

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