

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1003
Lutheran Hospital

File No. 41460
Registered No. 11456
St. Ward)

2. FULL NAME Mr. Milo Meinzer

(a) Residence, No. 5711a Dewey St., 1 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 19 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 <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>Mrs. Della Goessler Meinzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 22, 1893</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>3</u>	DAYS <u>8</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>Clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Gov't- Medical</u>
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 13, 1934</u>
	11. Total time (years) spent in this occupation <u>18 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) Nokomis, Illinois
(STATE OR COUNTRY)

FATHER 13. NAME William Meinzer

14. BIRTHPLACE (CITY OR TOWN) Staunton, Illinois
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lena Ruppert

16. BIRTHPLACE (CITY OR TOWN) Nokomis, Illinois
(STATE OR COUNTRY)

17. INFORMANT Mrs. Della Meinzer
(ADDRESS) 5711a Dewey

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE Dec. 3rd, 1934

19. UNDERTAKER Biederwieser Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED EC -3 1349 J. F. Bredecks
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, to Nov. 30, 1934.
I last saw him alive on Nov. 30, 1934. Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma -
Primarily metastatic
Generalized Carcinomatosis
53E
118B
Other contributory causes of importance:
118B

Date of onset ?
? ?

Name of operation Gastroenterostomy Date of 11/17/34
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?
If so, specify
(Signed) Dr. J. Louis J. Lutter, M. D.
(Address) 3400 California

11/30/34

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.

20 P P P

