WHITE PLANET, 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.

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

APR 25 1935

Do not use this space.

10390

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 26
City Jennings, Mo (No. 2122, McLaran Ave., Jennings, Mo Ward)

2. FULL NAME George J. Meyer
(a) Residence, No. 2122 McLaran Ave. St. Jennings, Mo. 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria May Meyer (Bromwich)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1862

7. AGE: YEARS 72 — MONTHS 4 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
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) New York

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

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Arthur Meyer
(ADDRESS) 2122 McLaran Ave. Jennings, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Mar. 4, 1935

19. UNDERTAKER Math. Hermann and Son
(ADDRESS) 2161 East Fair Ave

20. FILED March 29, 1935 W. A. Zeitler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Mch 1st, 1935
I last saw him alive on Mch 1st, 1935. 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
Arthritis (deformans)	1/1/35
Other contributory causes of importance:	
Gaumous Lobes	3 days

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Death 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? ✓
If so, specify
(Signed) [signature], M. D.
(Address) 6804 N. Broadway