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

SEP 16 1935

Do not use this space.

28028

791
1003

File No.
Registered No. 7108

1. PLACE OF DEATH
County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. Alexian Bros. Hospital St. Ward)

2. FULL NAME Herman Meis
(a) Residence, No. 1902 S. 7th. St., 23 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 Harriet Meis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 24-1863.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (10 yrs)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Architect
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 Gerhardt Meis 93C
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 Harriet Meis (ADDRESS) 1902 S. 7th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter-Paul DATE Aug. 24- 19 35

19. UNDERTAKER Wacker-Holderle (ADDRESS) 2331 S. Broadway

20. FILED AUG 22 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20th. 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.20 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Hepatitis (Infection, pus, Bile Ducts): 1; Arteriosclerosis; 2; Pyemia; 3; Pensplenitis 4; Myocarditis) chronic); 5; CPC LUNGS 6; Chronic (a) Cholelithiasis; (b) Cholecystitis with gall stones

Other contributory causes of importance: 7. Chronic passive congestion of lungs

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? ✓ 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) Harold L. Ehrlich, M. D.
(Address) Dr. Fox.
8/22/35

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-31