

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.

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

Do not use this space.

OCT 23 1935

791  
1003

30858

1. PLACE OF DEATH

County.....  
Township.....  
City..... *St. Louis*

Registration District No.....  
Primary Registration District No.....  
No. *2* *Leaconness Hospital*

File No.....  
Registered No. *7646*  
St..... Ward.....

2. FULL NAME

*Fred H. Meyer*

(a) Residence, No. *4017 Cassville Ave. St. 10* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elsie Meyer (Dietmeister)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr. 30, 1887</i>		
7. AGE	YEARS <i>48</i>	MONTHS <i>4</i>
	DAYS <i>21</i>	IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Restaurant</i>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Proprietor</i>		
10. Date deceased last worked at this occupation (month and year).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 25<sup>th</sup>, 1935*, to *September 9<sup>th</sup>, 1935*  
I last saw him alive on *September 9<sup>th</sup>, 1935*. Death is said to have occurred on the date stated above, at *1:30* a. m.  
The principal cause of death and related causes of importance were as follows:  
*Carcinoma of the pancreas*  
Date of onset.....

Other contributory causes of importance:  
*Metastasis with the liver*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*St. Louis Mo*

MOTHER FATHER

13. NAME *Gottlieb Meyer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Germany*

15. MAIDEN NAME *Minnie Busch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Germany*

17. INFORMANT *E. H. Meyer*  
(ADDRESS) *4017 Cassville Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Sept 12, 1935*

19. UNDERTAKER (ADDRESS) *Math. Hermann, 74 So. 5th East Fair Ave.*

20. FILED *SEP 11 1935*

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?.....  
If so, specify.....  
(Signed) *Peter Cataldi*, M. D.  
(Address) *520 North Grand av*

Registrar.

MAY 31 1955

JUN 2 1955