

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.

NOV 9 1935

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* (No.....)

Registration District No. **791**
1003

File No. **34245**
Registered No. **8669**
Ward.....

2. FULL NAME

(a) Residence, No. *1210 S 9th* St. *22* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry B Meiers Dec</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 10 1865</i>				
7. AGE	YEARS <i>72</i>	MONTHS <i>1</i>	DAYS <i>3</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>			
	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) <i>Columbia Miss</i>				
FATHER	13. NAME <i>Nelson Blette</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>York Summers</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Charles Meiers</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>SS. Peter and Paul</i> DATE <i>Oct 16</i>				
19. UNDERTAKER (ADDRESS) <i>Funeral Home</i>				
20. FILED <i>OCT 15 1935</i> <i>J. P. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 13* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 17* 19*35*, to *Oct 13* 19*35*.
I last saw him alive on *Oct 12* 19*35*. Death is said to have occurred on the date stated above, at *7:15 A.M.*
The principal cause of death and related causes of importance were as follows:
Gangrene & Infection of foot
59
Other contributory causes of importance:
Diabetes & Cerebral Hemorrhage

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? *no*
If so, specify.....
(Signed) *F. H. Hoff* M. D.
(Address) *3206 Lafayette St*

