

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **1234**, No. **6th**)

File No. **34734**
 Registered No. **9263**
 St. Ward

2. FULL NAME

(a) Residence, No. **1234 no 6th** St. **25** 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 Mathilda Meisner				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1854				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	3	12	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber			
	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	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	13. NAME August Meisner			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Mathilda Meisner (ADDRESS) 1234 no 6th				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE 11-4 19 5				
19. UNDERTAKER A. Bellia (ADDRESS) 5240 Delmar				
20. FILED: 1005 19 1935 St. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-30-1935**
 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 **10** p.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

**Nephrolithiasis
 Pyelitis Purulenta
 Ch. Myocarditis
 Pinworms of Liver**

Other contributory causes of importance:
124 h

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 J. Doherty** M.D.
 (Address) **St. Louis**

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.

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