

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.

JAN 13 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 8923, Newby) St. _____ Ward _____

41435

File No. **10659**
 Registered No. _____

2. FULL NAME Louise Schnatz Meyer

(a) Residence, No. 8923 Newby St., 8 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry C.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11-1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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)
Forest Lake
St. Louis Co. Mo

13. NAME Henry These
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

15. MAIDEN NAME Elsie Gadenking
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Mrs. Lulu Walsh
8923 Newby St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Luke's Mo DATE Dec 19 1935

19. UNDERTAKER (ADDRESS)
Arthur R. & Co
2707 N. Grand Blvd

20. FILED DEC 17 1935 19
J. Predeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1935

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1935 to Dec 16 1935
 I last saw him alive on Dec 15 1935 Death is said

to have occurred on the date stated above, at 7:15 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Infarct
arteriosclerosis
Regurgitation
 Date of onset 7/16
 Age 74 years

Other contributory causes of importance:
Arterio-Sclerotic
Renal Condition
5 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? 131 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) Floyd Steward, M. D.
 (Address) Clayton Bldg

