

JAN 19 1936

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

Do not use this space.

41899

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. City) 2003

File No. 11152

Registered No. 11152

St. Ward

2. FULL NAME

(a) Residence, No. 1220 Catharine St. Ward 22 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Spert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1852

7. AGE YEARS 83 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil  
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) Illinois

13. NAME Fred Meyer

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Hosp St. Matthews City St. Matthews

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Dec 31 1935

19. UNDERTAKER (ADDRESS) Weick Bros 2721 Grand Blvd. St. Matthews

20. FILED DEC 31 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1935, to 12/28 1935. I last saw him alive on 12/28 1935. Death is said to have occurred on the date stated above, at 8:00 pm. The principal cause of death and related causes of importance were as follows:

Tular Pneumonia  
108

Date of onset  
Other contributory causes of importance:

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) J. A. Matthews, M. D. (Address) City St. Matthews

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.

MADE PERMANENT WITH OXYGEN INK—THIS IS A PERMANENT RECORD

