

FEB 11 1936

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 (No. 2703, So. 13th St)
Registered No. **494**
St. Ward

2. FULL NAME

Fred Meyer
(a) Residence, No. 2703 St. Louis St. 23 Ward. (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 Mary Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pioneer Co
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) Maryland13. NAME Fred Meyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Eva Reumling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mary Meyer
2703 St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcella DATE Jan 17 3619. UNDERTAKER (ADDRESS) West End
2201 So. Grand Blvd.20. FILED JAN 14 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936 to Jan 10, 1936
(I last saw him alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cardiac Dilatation ?
Myocardial Infarction ?
Myocarditis
Other contributory causes of importance: 93d

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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 Victor F. Koberger M.D.
(Signed) Victor F. Koberger M.D., M. D.
(Address) 3805 So. Broadway

3265

File No.
Registered No. **494**
St. Ward

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

