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.

7469

1. PLACE OF DEATH Feb 25 1936
County Ste Louis Registration District No. 333 File No.
Township Ferguson Town Primary Registration District No. 4468 Registered No. 38
City (No. 378 Parson Rd, Parsonville, Mo St. Ward)

2. FULL NAME Otto Meyer
(a) Residence, No. 378 Parson Rd. Parsonville, Mo 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 Anna Meyer (Klocke)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22-1887
7. AGE YEARS 48 MONTHS 10 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
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) Addieville Ill

FATHER
13. NAME Henry Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dorothy Boening
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Anna Meyer
(ADDRESS) 378 Parson Rd. Parsonville, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Feb. 27, 1936
19. UNDERTAKER Math. Hermann and Son
(ADDRESS) 4103 W Florissant
20. FILED 2/26 1936 W. A. Zeitler Registrar
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1936
22. I HEREBY CERTIFY That I attended deceased from February 20, 1936, to February 24, 1936
I last saw him alive on February 24, 1936. Death is said to have occurred on the date stated above, at 5:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 20-36
Other contributory causes of importance: Arteriosclerosis	2 2

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) A. Grosskreutz, M. D.
(Address) 3601 Center Dr. St. Louis, Mo.