WHITE 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.

7525

1. PLACE OF DEATH MAR 25 1936
County St. Louis
Township Central
City Wellston, Mo. (No. 6153a Suburban Ave., St. Ward)

Registration District No. 789
Primary Registration District No. 6033

File No.
Registered No. 52

2. FULL NAME Edward W. Meyer,
(a) Residence, No. 6153a Suburban Ave., St., 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: Rosa Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1871.

7. AGE: YEARS 64 | MONTHS 10 | DAYS 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Mfg.
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

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

MOTHER
15. MAIDEN NAME: Elizabeth Understall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Rosa Meyer, 6153a Suburban Ave.,

18. BURIAL, CREMATION, OR REMOVAL: Walnut Hill Cem., DATE Feb. 13/36.

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED 2-11-, 1936 H A Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 11/36., 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Feb. 11/36., 19
I last saw him alive on Feb. 11/36., 19 Death is said to have occurred on the date stated above, at 4.40 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplectic Stroke

Date of onset

Other contributory causes of importance: Cardiac Renal Disease

Name of operation None Date of
What test confirmed diagnosis? None 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) 6125 Bartmer in St Louis Mo

Dr. P.J.Rilley
6125 Bartmer Ave.
10.00 A.M.

APR 21 1947