MAR 12 1936

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

Do not use this space.

8213

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 791

Township St. Louis Primary Registration District No. Registered No. 1892

City (No. 5572 St. Louis Ave. St. Ward)

2. FULL NAME Katherine W. Meier

(a) Residence, No. 5572 St. Louis Ave. St., 6 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1864

7. AGE: Years 71 Months 8 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) St. Louis Mo

FATHER

13. NAME August Brandt

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT Mrs. Henry Luft
(ADDRESS) 5572 St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Feb. 22, 1936

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2164 East Fair Ave.

20. FILED FEB 20 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1936, to Feb 19, 1936

I last saw him alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Cerebral Apoplexy — Date of onset

Other contributory causes of importance: Cardiac Asthma

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) H. A. Uhlemeyer, M. D.

(Address) 1511 E. Grand Bl.

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.