MAR 12 1936

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

Do not use this space.

8517

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Desloge Hospital, St. ..... Ward)

File No. 2217

Registered No. 2217

2. FULL NAME John W. Meyer

(a) Residence, No. 5004A Devonshire Ave St., 14 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: Ada Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1873

7. AGE: Years 63 ~~62~~ Months 0 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Century Electric

10. Date deceased last worked at this occupation (month and year): 2-19-36

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Thomas G. Gilpin, 318 Nottingham Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sunset DATE: 2-28, 1936

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED FEB 28 1936, 19..... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21st, 1936, to Feb. 26th, 1936

I last saw him alive on 2-25-, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Gangrenous Ruptured appendix	

Other contributory causes of importance:

General Peritonitis	

Name of operation Laparotomy & drainage Date of 2-21-36

What test confirmed diagnosis? Operation 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 .....

(Signed) D. A. M. Tripodi, M. D.

(Address) 937 Mo. Theatre Bldg.

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

105M-3-28-33

Dr. Tripodi
mo Theatre Bldg.

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