JUL 27 1936

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

Do not use this space.
25072

1. PLACE OF DEATH
County: St Louis
Township: ~~Koch Hospital~~
City: Koch, Mo (No.) Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 212

2. FULL NAME: Sarah Meiert
(a) Residence, No. 3929a N. 20 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto H. Meiert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 26 1889

7. AGE: Years 46 Months 6 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1934
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: James Herton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo

MOTHER
15. MAIDEN NAME: Maggie Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Koch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: June 8, 1936

19. UNDERTAKER (ADDRESS): Snedmeyer & Sons 3934 N. 20 St.

20. FILED: June 6, 1936 G Mowery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to June 4, 1936
Last saw her alive on June 4, 1936. Death is said to have occurred on the date stated above, at 12 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis F.A. Chronic	1926
23	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? Pt. Lab. X-ray 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) Edward R. Williams, M. D.
(Address) Koch Hospital Koch, Mo.

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.