OCT 1 1936

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

Do not use this space.

32265

File No.

Registered No. 256

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township ~~Normandy~~ Central Primary Registration District No. 6033

City ~~Normandy~~ (No. 6825 Natural Bridge St. Ward)

2. FULL NAME Cecelia Meyers,

(a) Residence, No. 8274 Glen Echo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
f	W.	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Meyers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	0	13	

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.

10. Date deceased last worked at this occupation (month and year)

11. ~~Total time~~ (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant mo

FATHER

13. NAME Batiste Johno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant mo

MOTHER

15. MAIDEN NAME Louise Tebeau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant mo

17. INFORMANT (ADDRESS) Mrs. Cora Jackson 8274 Glen Echo Dr

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinands Cem. DATE Aug 20 1936

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge.

20. FILED 8-19- 1936 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1936 to Aug. 17th, 1936

I last saw her alive on Aug. 17th, 1936 Death is said to have occurred on the date stated above, at 8P m.

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

Date of onset

Chr. arteriosclerosis, generalized, Chr. hypertension, Cerebral apoplexy causing complete hemaplegia, involving all of left side. Hemorrhage was in the region of the 3rd convolusion of rt. cerebrum.

~~Other contributory causes of importance:~~

Chr. Interstitial nephritis, obesity and senility Age 74.

OVER

Name of operation Date of

What test confirmed diagnosis? cli/and lab 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) Luke B. Tinnon M. D.

(Address) 3718 Jennings Rd.

8/18/36

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.

Secondary ; Uremia, uremic coma , heat prostration. Was confined to home of incurables since June 28th 1936.