

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

 County St. Louis
 Township Carondelet
 City St. Louis (No. 11)

 Registration District No. 1123
 Primary Registration District No. 62487
Mattese Mo.

 File No. 33265
 Registered No. 313 Ward

2. FULL NAME

Margaret Meyer
 (a) Residence, No. Mattese Mo. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 22

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 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) Missouri13. NAME Frank Diel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Julia Kirk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Julia Meyer
Mattese, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mattese, Mo. DATE Aug. 6, 193619. UNDERTAKER (ADDRESS) Fendler Und. Co.
744 Lemay Ferry Rd.20. FILED July 5 19 36 J. Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 193622. I HEREBY CERTIFY, That I attended deceased from 7-25 1934 to 8-3 1936I last saw him alive on 7-31 1936. Death is saidto have occurred on the date stated above, at 8:30 P.M.

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

Date of onset

Amnionitis - not known
96

Other contributory causes of importance:

Chr. Bronchitis about 4 yrs.

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? NO

If so, specify.....

(Signed) Walter H. Hill, M. D.(Address) Lemay R. S. Mo.

WRITE 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.

