

NOV 4 1936

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

Do not use this space.

39008

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1008**City **St. Louis,**(No. **4130a Minnesota St.**)

File No.

Registered No. **10032**

St. Ward)

2. FULL NAME

Walter H. Meyer(a) Residence, No. **4130a Minnesota Ave 15** 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

Bernadine Meyer

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

July 20th, 1876

7. AGE

YEARS **60**MONTHS **2**DAYS **13**

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Book-keeper**

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 **Georges. Meyer**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Eliza Lindemann**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Bernadine Meyer**
(ADDRESS) **4130a Minnesota St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Oct. 6th, 1936**19. UNDERTAKER **Wm. Schumacher**
(ADDRESS) **3013 Meramec Street**20. FILED **OCT 5 1936** **J. P. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 3, 1936**22. I HEREBY CERTIFY, That I attended deceased from **October 2, 1936** to **October 3, 1936**I last saw him alive on **October 3, 1936** Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

Broncho-pneumonia

Date of onset

107a

Other contributory causes of importance:

**quite dilatation of the heart.
(No definite degree of heart)
Result of Broncho-pneumonia**

Name of operation

Date of

What test confirmed diagnosis? **physical** as 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

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) **J. P. Hoefler**, M. D.(Address) **2120 S. Grand Blvd.**

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.

