

NOV 4 1936

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

Do not use this space.

39612

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City ST. LOUIS, MO. (No. LUTHERAN HOSPITAL)..... St. Ward

File No. 10055
Registered No.
St. Ward

2. FULL NAME

CAROLINE MEYER

(a) Residence, No. 3005 ALLEN AV. 17 Ward. (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 FEMALE | 4. COLOR OR RACE WHITE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 6 1850 | | |
| 7. AGE | YEARS 86 | MONTHS 4 |
| | DAYS 16 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NILE | |
| | 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) MO. | | |
| FATHER | 13. NAME HENRY C. MEYER | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY | |
| MOTHER | 15. MAIDEN NAME ANNA WIESENHANN | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY | |
| 17. INFORMANT (ADDRESS) MRS. FRANK HETLAG 3005 ALLEN AV. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE BELLE FONTAINE Oct. 24, 1936 | | |
| 19. UNDERTAKER (ADDRESS) E. J. Schurr 81725 Lafayette Ave. | | |
| 20. FILED OCT 24 1936 J. F. Bredeck Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 22 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 11, 1937**, to **Oct 21, 1936**

I last saw him alive on **Oct 21, 1936**. Death is said to have occurred on the date stated above, at **7 A. M.**

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

Pulmonary oedema
Chr. Myocarditis
arterial sclerosis
Senility

Date of onset **2 1/2 hrs.**

Other contributory causes of importance:

Name of operation **None** Date of _____

What test confirmed diagnosis **Physical** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **No**, 19.....
Where did injury occur? **No**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **No**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Henry C. Meyer** M. D.
(Signed) **514 Metropolitan Bldg.**
(Address)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FORM 1-2704

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.

