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.

JAN 19 1937

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

Do not use this space.

43390

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 272
City Richmond Heights (No. ST MARYS. HOSP. St. Ward)

2. FULL NAME MARTHA MEYER PREIS.
(a) Residence, No. 6662 CHAMBERLIN St., 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: 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: EDWARD J PREIS.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 6. 1909
7. AGE: YEARS 27. MONTHS 10 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.: 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): MO

FATHER
13. NAME: HENRY MEYER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: LOUISE ERFLING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): EDWARD J PREIS. 6662 CHAMBERLIN
18. BURIAL, CREMATION, OR REMOVAL
PLACE LAKE CHARLES DATE NOV 16 1936
19. UNDERTAKER (ADDRESS): LARRY MULLEN, UCo 5165 DELMAR BLVD
20. FILED Nov. 14 1936 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 14 1936.
22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Nov 14, 1936
I last saw her alive on Nov 13, 1936. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria Pharyngeal, Laryngeal, Tracheal and Bronchial	Oct 31, 1936
Other contributory causes of importance: Broncho Pneumonia Myocarditis	Nov 13, 1936

Name of operation — Date of —
What test confirmed diagnosis? Lab Xray & clinical Was there an autopsy? Yes

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) Leo Fitz Gerald, M. D.
(Address) 6677 Delmar