

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

Do not use this space.

JAN 10 1937

791

46129

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... St. Louis (No. 2606a Hickory) St. 11881 Ward)

2. FULL NAME Benjamin Franklin Meyers
 (a) Residence, No. 2606a Hickory St., 22 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 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 Bessie Meyers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 2 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 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) Missouri

13. NAME Benjamin Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

17. INFORMANT (ADDRESS) Bessie Meyers 2606a Hickory

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews C. GATE Dec. 3 1936

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin 2501 Lafayette St.

20. FILED DEC 2 1936 J.P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1936

I HEREBY CERTIFY, That I attended deceased from Nov 26 3 1936 to Dec 1 1936
 I last saw him alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 12:30 AM

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

Nephritis (Ch)
Arteriosclerosis
Urinary Stenosis
 Other contributory causes of importance:

Name of operation 124 Date of Dec 1 1936
 What test confirmed diagnosis? Physical Exam Where 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) J.P. Bredeck (Address) 7446 So. Broadway

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.

