JAN 10 1937

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

Do not use this space.

46542

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1116, McLaren St. ..... Ward)

File No. .....

Registered No. 12332

2. FULL NAME Marie E. Meyer

(a) Residence, No. 1116 Mclaren Ave St., 8 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 Th 1901

7. AGE: 35 YEARS --------- MONTHS 9 --- DAYS 11 -- 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) St Louis Mo

FATHER

13. NAME Henry Meyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

MOTHER

15. MAIDEN NAME Regina Unerstall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

17. INFORMANT (ADDRESS) Regina Meyer 1116 Mclaren Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvery Cem, DATE Dec, 18 1936

19. UNDERTAKER (ADDRESS) Koch 5515 N 14th

20. FILED DEC 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from DEC. 1936, to DEC. 15, 1936

I last saw her alive on DEC. 15, 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:

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance: NONE

Name of operation NO Date of .....

What test confirmed diagnosis? ..... 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 ....., 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 NONE

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Vanhoefen, M. D.

(Address) 8313 HALLS FERRY RD. CITY

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.

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