

DEC 3 1936

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

Do not use this space.

49274

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City..... St. Louis (No. 5)

St. Anthony Hosp

File No.

Registered No. 11447

St. Ward)

2. FULL NAME

Baby Meyers

(a) Residence, No. 3636 S Compton

St. 16

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If nonresident, give city or town and State)

(If nonresident, give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Nov. 17, 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, hrs.

or min.

OCCUPATION

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

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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER

13. NAME

Harry Meyers

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

MOTHER

15. MAIDEN NAME

Mabel Kisker

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

17. INFORMANT (ADDRESS)

Harry Meyers
3636 S Compton Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive DATE 11/18/36

19. UNDERTAKER (ADDRESS)

Fendler Undertaking Co.,
7420 Michigan Av.

20. FILE NO.

NOV 1 1936

J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

November 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 17th 1936, to Nov. 17th 1936

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 5:28 P.M.

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

Date of onset

Other contributory causes of importance:

Name of operation..... 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?..... 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) Dr. H. H. Hutter, M.D.

(Address) 3608 So. Grand Blvd

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.

