

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. City Hospital #1)

Registration District No. 791  
Primary Registration District No. 1003

File No. 8652  
Registered No. 2113  
St. .... Ward)

2. FULL NAME Mr. Theodore Meisser

(a) Residence, No. 3628a Tennessee St., 16 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 9 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist - Finisher  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Supply  
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation. 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER  
13. NAME Mr. Paul Meisser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER  
15. MAIDEN NAME Margaret Senti

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urb. Ill.

17. INFORMANT Mr. Henry F. Becker (ADDRESS) 3628 Tennessee

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 2/22/37

19. UNDERTAKER Heiderrwieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis, Avenue

20. FILED 20 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

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

to have occurred on the date stated above, at 12:00 Noon

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

Date of onset

Lobar Pneumonia following Fracture of Ribs and Fracture of Left Leg, received when struck by auto in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a pedestrian in Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 2/12, 1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

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

Manner of injury In Public Place struck by auto

Nature of injury Fractured Ribs

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

If so, specify

(Signed) Alfred Perry M.D.

(Address) 1000 1/2 1st St. St. Louis, Mo.

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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