

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County FRANKLINRegistration District No. 292File No. 11804Township BOEHFPrimary Registration District No. 5410

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Caroline W. L. MEYER

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? 53 yrs. 4 mos. 4 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFJAMES MEYER DEC6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR 19-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.356910278. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.HOUSEWIFE9. 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. 40

12. BIRTHPLACE (CITY OR TOWN)

GERMANY

(STATE OR COUNTRY)

13. NAME

CHRIST Rehemeyer

14. BIRTHPLACE (CITY OR TOWN)

GERMANY

(STATE OR COUNTRY)

15. MAIDEN NAME

NEE HORTSMANN

16. BIRTHPLACE (CITY OR TOWN)

GERMANY

(STATE OR COUNTRY)

17. INFORMANT Wm Meyer(ADDRESS) Herman St

18. BURIAL, CREMATION, OR REMOVAL

PLACE BERGER No DATE MAR 20 1937

19. UNDERTAKER

Wm Meyer20. FILED Mar. 18<sup>th</sup> 1937Jeffrey J. J. J.  
Registrar.MEDICAL CERTIFICATE OF DEATH 83021. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 16 193722. I HEREBY CERTIFY That I attended deceased from  
Feb 24 1937 to Mar 16 1937I last saw her alive on Mar 15 1937 Death is said  
to have occurred on the date stated above, at 8:30 a.m.

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

Acute phlebitis of  
lower extremities  
followed by gangrene

Date of onset

2-12-1937

Other contributory causes of importance:

Chronic bronchitis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Was there an autopsy? no23. 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) John Engelbrecht, M. D.(Address) St. Louis

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.

