

MAY 7 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 (No.)

Registration District No. 791
Primary Registration District No. 1003
De Paul Hospital

File No. 14297
Registered No. 3793
St. Ward)

2. FULL NAME Fra nk Meyer

(a) Residence, No. 2162 Bremen Ave. St. 26 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Clara Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 53 2 16

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

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.13. NAME Frederick Meier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Minnie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Clara Meyer (ADDRESS) 2162 Bremen Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Freidens DATE 4/10/37 19.19. UNDERTAKER W. A. STOCK V. D. Co. (ADDRESS) 2117 E. GRAND BLDG.20. FILED APR 9 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

1937

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193722. I HEREBY CERTIFY, That I attended deceased from April 4 37 to April 7 1937Last seen alive on April 7 1937 Death is saidto have occurred on the date stated above, at 12:15 P.M.

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

Date of case: 4 4, 37Lobar Pneumonia108

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there 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?.....

If so, specify Pneumonia(Signed) P. J. Stuebel M. D.(Address) 187 S. Madison

WRITE PLAINLY, WITH SWAGING INSTRUMENTS 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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