MAY 18 1937

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

Do not use this space.

85

File No. 15736

Registered No. 440

1. PLACE OF DEATH

County: BUCHANAN — Registration District No.: 1001

Township: WASHINGTON — Primary Registration District No.:

City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME HUGO S. MEYER

(a) Residence, No. 1021 CHARLES ST. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPTEMBER 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	14	

OCCUPATION

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

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): MARCH 30, 1937 — 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW YORK, NEW YORK

FATHER

13. NAME: SOLOMON MEYER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN, NEW YORK

MOTHER

15. MAIDEN NAME: AUGUSTA DEMUTH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN, GERMANY

17. INFORMANT (ADDRESS): MRS. ESTELLA FARBER, ST. JOSEPH, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL — PLACE: CREMATED, K.C. MO. DATE: APRIL 12, 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: Apr 10, 1937 H J Matthews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1937, to 4-8, 1937

I last saw h. I.M. alive on 4-8, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

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

	Date of onset
Trochanteric fracture of the left hip (femur)	
Other contributory causes of importance: Pneumonia — Hypostatic	

Name of operation: Date of:

What test confirmed diagnosis? X-ray Was there an autopsy? yes

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

Accident, suicide, or homicide? Accident Date of injury 3-31, 1937

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

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

Manner of injury: Slipped + fell

Nature of injury: Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Jacob Kulowski, M. D.

(Address) St. Joseph, 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.