

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.

Nell Walsh Barnes
JUN 12 1937

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

Do not use this space.

**791
 1008**

**18640
 5216**

1. PLACE OF DEATH
 County Isolation Hospital Registration District No. 1008
 Township _____ Primary Registration District No. _____
 City St. Louis, Mo. (No. Isolation Hospital / St. _____ Ward _____)

2. FULL NAME Milbrey Meyer
 (a) Residence, No. 1901 Ferry St. St. 9 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 24, 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 24, 1937
 I last saw her alive on May 24, 1937 Death is said to have occurred on the date stated above, at 1:48 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1934
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 22

Diphtheria, faucial
Streptococci Sore Throat
 Date of onset 5-16-37

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

Other contributory causes of importance: 10

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

13. NAME Louis Meyer

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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

15. MAIDEN NAME Ruby Stubblefield

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Risui, Ark.

17. INFORMANT B. Bittenuth
 (ADDRESS) 5600 Arsenal

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Edwardsville, Ill DATE 5-26 1937

19. UNDERTAKER Nell Walsh Barnes
 (ADDRESS) 4111 Lindall Blvd

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James J. Hirsch, M. D.
 (Address) 5600 Arsenal

20. FILED MAY 25 1937 J. P. Bredbeck
 Registrar.

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