

JUL 8 - 1937

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

Do not use this space.

791

1003

21816

1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis (No. City Hospital No. 1)

File No. ....

Registered No. ....

St. ....

Ward) ....

C 2916

2. FULL NAME

Helena Meyer

(a) Residence, No. ....

2103 Bissell

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

3. SEX

female

4. COLOR OR RACE

white

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

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

August Meyer

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

July 1, 1860

7. AGE

YEARS

76

MONTHS

11

DAYS

2

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

hwk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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, Missouri

FATHER

13. NAME

Stephen Bank DICK

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

St. Louis, Missouri

MOTHER

15. MAIDEN NAME

Helena ? ECKLEY

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

St. Louis, Missouri

17. INFORMANT (ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

6/7/1937

19. UNDERTAKER (ADDRESS)

W. A. Stock Und. Co.

20. FILE

JUN 5 1937

17 E. Grand Blvd  
J. A. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/3/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

5/30/37

, 19

6/3/37

, 19

I last saw her alive on 6/3/37, 19

Death is said

to have occurred on the date stated above, at 11.55 a. m.

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

Arteriosclerosis Gen. & Arteriosclerotic Heart Dis.

Date of onset

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

(Signed)

Roy Greenbaum  
City Hospital No. 1

, M. D.

(Address)

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.

899

