

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.

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

Do not use this space.

JUL 8 - 1937

**791
1008**

21922

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis

(No.)

4018 Lincoln ave

File No.....

Registered No.....

St.

5674

Ward)

2. FULL NAME

Agnes Meyer

(a) Residence, No.

4018 Lincoln ave.

St.

11

Ward.

(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

MARRIAGE OF (OR) WIFE OF

Late Stephen Meyer

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

May 10 - 1870

7. AGE

67

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

27

OCCUPATION

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

Home Frank

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

St. 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 Mo

FATHER

13. NAME

George Meyer

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

Germany

MOTHER

15. MAIDEN NAME

Sant. Know

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

Germany

17. INFORMANT

George Meyer

(ADDRESS) *4018*

Lincoln ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE *S9 - Peter + Paul*

DATE *June 10 1937*

19. UNDERTAKER

Edw. P. Howard & Sons

(ADDRESS) *4212 St. Louis ave*

20. FILING

9 1937

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 7 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 27 1937, to June 7 1937

I last saw her alive on *June 7 1937* Death is said

to have occurred on the date stated above, at *7:50 P.m.*

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

Hypostatic Bronchial Pneumonia

Date of onset

HOA

Other contributory causes of importance:

Carcinoma of Esophagus

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? *No.*

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? *No.*

If so, specify.....

(Signed) *Alopina A. Hies*, M. D.

(Address) *13901 W. Flourissant*

