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

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1130 N. Euclid Ave. 2 St. ..... Ward)

File No. 21952

Registered No. 5704

2. FULL NAME Ernest H. Meyer

(a) Residence, No. 1130 N. Euclid Ave. St., 12 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: 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: Edith Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10th, 1907

7. AGE: 29 YEARS, 10 MONTHS, 29 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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: Fredrick Meyer

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

MOTHER

15. MAIDEN NAME: Mary Fischer

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

17. INFORMANT (ADDRESS): Mrs. Edith Meyer, 1130 N. Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory DATE June 11th 1937

19. UNDERTAKER (ADDRESS): Drehmann Vaual, 1905 Union Blvd.

20. FILED JUN 10 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1937, to June 9, 1937

I last saw him alive on June 8, 1937. Death is said to have occurred on the date stated above, at 2:40 A.M.

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

	Date of onset
Chronic nephritis	3/2/37
Other contributory causes of importance:	
acute myocarditis	6/1/37
anasarca	5/20/37

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) H. H. Helbing, M. D.

(Address) 4963 Fountain

4963 Fountain