JUL 31 1937

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

Do not use this space.

File No. 24917

Registered No. 261

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Barracks (No. V. A. F. St. Ward)

2. FULL NAME Ferdinand W. MEIER

(a) Residence, No. St., Ward. Vandalia, Illinois (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Unkn. 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	23	

OCCUPATION

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

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

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) Edwardsville, Indiana

FATHER

13. NAME Ernest Meier

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

MOTHER

15. MAIDEN NAME Kate Koch

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

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, Ill DATE June 28, 1937

19. UNDERTAKER A. H. Hoppe Inc. (ADDRESS) 429 N. Euclid Ave.

20. FILED June 25, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 25, 1937

I last saw him alive on June 25, 1937 Death is said to have occurred on the date stated above, at 6:15 A.m.

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

	Date of onset
TUBERCULOSIS, Pulmonary, chronic, active, far-advanced (C)	Unkn.

Other contributory causes of importance: None.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAF Jefferson Barracks, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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