

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo** (No. **Missouri Baptist** St. Ward)

File No. **28901**
 Registered No. **7534**

2. FULL NAME Fred Meier

(a) Residence, No. 4106 N. Broadway St. 9 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1931		
7. AGE YEARS 6	MONTHS 4	DAYS 19
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Home		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis, Mo.
13. NAME	John Meier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis, Mo.
15. MAIDEN NAME	Mildred Gaus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis, Mo.

17. INFORMANT (ADDRESS)	John Meier 4106 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL PLACE	New Bethel Home DATE Aug 9 1937
19. UNDERTAKER (ADDRESS)	A. Shroeder & Co 2707 N. Grand Blvd
20. FILED	AUG 9 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 7, 1937, 19**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at **1:30 P.M.**

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

Septic Hemorrhagic Periostitis and Fracture left humerus, suffered when he tripped over cellar door at northwest corner at 15th and North Market, about 3:00 P.M. about the 20th of August, 1936. Accident.

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **accident** Date of injury **8/20, 1936**

Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
public place

Manner of injury **see above**

Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify
 (Signed) **Joseph M. Zimm** M.D.
 (Address) **Deputy Coroner**

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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