

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

Do not use this space.

SEP 10 1937

29090

1. PLACE OF DEATH

County.....<sup>2</sup> Registration District No. **791**  
Township.....<sup>1</sup> Primary Registration District No. **1003** File No. **7723**  
City *St Louis* (No. *5107 Page Blvd*) Registered No. **7723** St. .... Ward

2. FULL NAME

(a) Residence, No. *5107 Page Blvd* 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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 *Herbert Meyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 7<sup>th</sup> 1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *80 9 7*

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

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) *Westphalia, Germany*

13. NAME *Bernard Finkenhoff*

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

15. MAIDEN NAME *Catherine Westerman*

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

17. INFORMANT (ADDRESS) *Benjamin Meyer 5107 Page Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Catholic Cemetery* DATE *8/17/37*

19. UNDERTAKER (ADDRESS) *Charles F. Stuart & Sons 1225 S. Gagnier Blvd*

20. **AUG 16 1937** Registrar *J. Bredeck*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 14 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 27 1937*, to *Aug 14 1937*

I last saw him alive on *Aug 13 1937* Death is said to have occurred on the date stated above, at *8:57 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Purpura of Descending Colon* Date of onset *see Review*

Other contributory causes of importance: *none*

Name of operation *none* Date of *no*

What test confirmed diagnosis? *usual* 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 *1*

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify *Dr. W. Gilbert* (Signed) M. D.  
(Address) *4103 Easton*

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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