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

Do not use this space.

29527

SEP 10 1937

1/

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo. (No. ....., City Sanitarium ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 8160

2. FULL NAME Joseph Meyers

(a) Residence, No. 1817 Menard St St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	70			

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 1918

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Austria

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Hubert P Smith
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 7-30 1937

19. UNDERTAKER W. Richter
(ADDRESS) 3500 Gustav St

20. FILED AUG 30 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-36, 19..., to 7-26-1937, 19...

I last saw him alive on 7-26-37, 19... Death is said to have occurred on the date stated above, at 12:05 P.M.

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

	Date of onset
Chronic Myocarditis	4-1937x

Other contributory causes of importance:

Arteriosclerosis	1937x

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? .....

If so, specify .....

(Signed) Hubert P Smith, M. D.

(Address) 5400 Arsenal St

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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