

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

 32714  
 Do not use this space.

1. PLACE OF DEATH 1937

(a) County

Registration District No.

(b) Township

Primary Registration District No.

(c) City

St. Louis

(d) Street No. City Hospital No. 1

Registered No. 8768

(e) Length of residence in city or town where death occurred  
C. 8331(If death occurred in Hospital or Institution, write its name instead of street and number)  
City Hospital No. 1

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edmund Meyer

(a) Residence, No.

4432 Louisiana

St.

13

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX  
male4. COLOR OR RACE  
white5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Marie Meyer ne Muesig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1892

7. AGE  
42

YEARS

MONTHS  
2DAYS  
0If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.

stone mason

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN).  
(STATE OR COUNTRY)

Germany

FATHER

13. NAME Edmund Meyer

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

Germany

MOTHER

15. MAIDEN NAME Emma ? Unknown

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

Germany

Hosp. Info M. Kent

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis, Mo. DATE 9-22-37

19. FUNERAL DIRECTOR  
(ADDRESS)

SEP 20 1937

20. FILED

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/37 19

22. I HEREBY CERTIFY, That I attended deceased from  
9/9/37, 19, to 9/18/37, 19

I last saw him alive on 9/18/37, 19. Death is said

to have occurred on the date stated above, at 10.40 a.m.

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

Pulmonary Tuberculosis  
Tuberculosis Meningitis

Date of onset

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?..... 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).....

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Edgar F. Mittl, Licensed Embalmer No. 2117  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar F. Mittl  
L. E. 2117  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Edgar F. Mittl  
Licensed Embalmer No. 2117

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**