

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

39708
Do not use this space.

1. PLACE OF DEATH DEC 13 1937

(a) County..... Registration District No. 721
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis, (d) Street No. Desloge Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Meyerpeter
 (a) Residence, No. 1500 Lafayette Ave. St. 23
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 1 27

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

FATHER 13. NAME Bernard Meyerpeter

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

MOTHER 15. MAIDEN NAME Mary Juschjost

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

17. INFORMANT Henry Meyerpeter
 (ADDRESS) 1500 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Thomas, Missouri DATE Nov. 21, 1937

19. FUNERAL DIRECTOR Wm. C. Maydell
 (ADDRESS) 1926 Allen Ave.

20. FILED NOV 19 1937 J. E. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1937, to 11-18, 1937

I last saw him alive on 11-18, 1937. Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 11-11-37

Other contributory causes of importance: 108

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

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 Daniel D. Kettner, M. D.
 (Signed) Daniel D. Kettner
 (Address) 607 N. Grand
St. Louis 1750

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.

3/4

STATEMENT BY LICENSED EMBALMER

I, John B. Moydall, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by JME

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John B. Moydall

Licensed Embalmer No. 1467

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.)