JAN 24 1938

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

Do not use this space.

115

96

1. PLACE OF DEATH

County Saint Louis — Registration District No. 96 11[illegible] — File No. ~~46772~~

Township Carondelet — Primary Registration District No. 6 24[illegible] — Registered No. 13

City Jefferson Barracks (No. Vet Hosp St. Ward)

2. FULL NAME Otto J. MEYER 600

(a) Residence, No. St., Ward. New Baden, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Mrs. Dora Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9, 1878

7. AGE: YEARS 59 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) —
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mascoutah Illinois

FATHER

13. NAME: Conrad Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Germany

MOTHER

15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - Germany

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan. 5, 1938

19. UNDERTAKER (ADDRESS): C. Hoffmeister U-L Co. 7814 So. Bway St. Louis Mo.

20. FILED 1-3 1938 THEODORE R. MEYER M. D. DR. P. H.
County State Commissioner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938, to January 2, 1938
I last saw him alive on January 2, 1938. Death is said to have occurred on the date stated above, at 4:15P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, severe	Unkn.
Arteriosclerosis, general	Unkn.
Other contributory causes of importance: Myocardial disease, (arteriosclerotic) congestive type of cardiac failure, with hypertrophy and dilatation.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? autopsy findings. 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 C. W. Hughes
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.