

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

Do not use this space.

21

**1. PLACE OF DEATH**

County Franklin  
 Township Dyon  
 City          (No.         )

Registration District No. 300  
 Primary Registration District No. 5417

File No. 2706  
 Registered No.          St.          Ward         

**2. FULL NAME**

Minnie A. Meyer  
 (a) Residence, No.          St.          Ward           
 (Usual place of abode) (If nonresident, give city or town and State)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Gustav W. Meyer

22. I HEREBY CERTIFY That I attended deceased from January 7, 1938, to January 16, 1938

Last saw her live on January 15, 1938 Death is said to have occurred on the date stated above, at 2:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 7 20

Chronic Bronchitis Date of onset Long Standing

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 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) Nov 8 1930 11. Total time (years) spent in this occupation         

Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

13. NAME Fritz Lohse

Name of operation          Date of         

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

What test confirmed diagnosis?          Was there an autopsy?         

15. MAIDEN NAME Mary Mollenbrock

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19        

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Where did injury occur?          (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.         

17. INFORMANT Flora Panhorst

Manner of injury         

(Address)         

Nature of injury         

18. BURIAL, CREMATION, OR REMOVAL          DATE Jan 19 1938

24. Was disease or injury in any way related to occupation of deceased?         

19. UNDERTAKER Ed Lehman

If so, specify          (Signed) G. W. Merk M. D.

(Address)         

20. FILED 4/18 1938 J. Matthews Registrar

(Address) Gerald 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH