

REC'D APR 11 1938

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

8587
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City **St. Louis**
(d) Street No. **3724 Cote Brilliante** Registered No. **2175**
(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

Joseph F. Meyer, 600
(a) Residence, No. **3724 Cote Brilliante Ave.** St. **III**
(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 **Elizabeth Meyer,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 2, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Merchant**
9. Industry or business in which work was done, as saw mill, bank, etc. **Boiled Hams**
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) **Cincinnati Ohio**

FATHER 13. NAME **Joseph Meyer**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cincinnati, Ohio**

MOTHER 15. MAIDEN NAME **Mary M. Keller,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mrs. Elizabeth Meyer 3724 Cote Brilliante Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **March 5, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd.**20. FILED **MAR 3 1938** **J. Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 1, 1938, to March 2, 1938**
I last saw him alive on **March 2, 1938** 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:

Right Cervical Hemorrhage 3/1/38
Acute Dilatation of heart 3/1/38
probably caused by pericarditis with Jefferson's
Other contributory causes of importance:
Keen Army Anterior sclerosis 3/2/38

Name of operation **Open spinal xam** 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.....
(Signed) **Geo B. Proger** M. D.

(Address) **3442 Bechstein Ave**

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

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

L. E.

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

Signed

Fred Frick

Licensed Embalmer No. 3186

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.)