

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

12063
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 109
 (c) City Maplewood, Missouri (d) Street No. 7351 Maple 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 Mr. Fred Meier, 600
 (a) Residence, No. 7351 Maple Avenue, Maplewood, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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. Lina Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Forman, Mgr.
 9. Industry or business in which work was done, as saw mill, bank, etc. Plow Company
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8 yrs.

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Melle, Mo.
 13. NAME Henry Meier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Dorothy Paul
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. J. R. Thomas
 (ADDRESS) 7351 Maple Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Apr. 4, 1938

19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc.
 (ADDRESS) 1936 St. Louis Avenue

20. FILED 4-4 1938 J. P. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1938 to 4-2, 1938
 I last saw him alive on 4-2, 1938 Death is said to have occurred on the date stated above, at 8:05 A.M.
 The principal cause of death and related causes of importance were as follows:

edema Pulmonary Date of onset 4-2-38
Myocarditis 3-10-38
Chronic nephritis 3-10-38
Intestinal block

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Urine Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) H. C. D. Supton, M. D.
 (Address) 2816 Supton

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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2-4

Mr. H. K. Lucas
2816 Sutton

STATEMENT BY LICENSED EMBALMER

I, Thos H. Beedman, Licensed Embalmer No. 586

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

L. E.

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

Signed Thos H. Beedman

Licensed Embalmer No. 586

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.)