

REC'D MAY 10 1938

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

12472

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis (d) Street No. Deaconess Hosp. 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.

Registered No. 30762. PRINT FULL NAME J. C. Will Meyer

(a) Residence, No. 5202a Bancroft St. 14
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Schnell
 16. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. W. F. Vieh
 (ADDRESS) 5202 Bancroft

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla Crem. DATE 4/1/38

19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois

20. FILED APR 1 1938 J. S. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1938 to 3-30, 1938

I last saw him alive on 3-30, 1938 Death is said

to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Acute pyelonephritis, noncalculous with uremia
 Date of onset 3-22-38

Other contributory causes of importance: caused by acute myocarditis chr. myocardiitis 3-24-38
acute hepatitis, caused by chr. Hepatitis

Name of operation none Date of _____
 What test confirmed diagnosis? blood 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? No
 If so, specify _____

(Signed) J. M. Macnish M. D.
 (Address) 504 Metropolitan Bldg.

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.

504-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)