

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

**16768**  
Do not use this space.

REC'D JUN 9 1938

**1. PLACE OF DEATH**

(a) County ..... 1 Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **4629**  
 (c) City **St. Louis** (d) Street No. **4100 Piedmont Ave.** 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**

(a) Residence, No. **4100 Piedmont Ave.** St. **15** (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 **Anna Meyer** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 9th, 1890**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	47	6	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Operator (Gas Co.)</b>
	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) (STATE OR COUNTRY) **Casco Mo. U**

FATHER	13. NAME <b>Frank Meyer</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

MOTHER	15. MAIDEN NAME <b>Mary Hiltgrewe</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

17. INFORMANT (ADDRESS) **Anna Meyer 4100 Piedmont Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Chr. Yd. May. 21st**

19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Keramec Street**

20. FILED **MAY 20 1938** *J.F. Brubaker* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept.**, 1937, to **May**, 1938  
 I last saw him alive on **May 18, 1938**. Death is said to have occurred on the date stated above, at **6 pm.**  
 The principal cause of death and related causes of importance were as follows:

*Brain Tumor (Carcinoma)*

*JFC*

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Clinic**. 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 ..... **30**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify **Ralph Thompson, M. D.**  
 (Signed) **B. 606** (Address) **St. Louis**

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.

29012 Coopers  
of 3370

STATEMENT BY LICENSED EMBALMER

I, F. H. Ketting, Licensed Embalmer No. 1534

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 Fred H. Ketting  
Licensed Embalmer No. 1534

**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.)**