JUN 29 1938

REC'D JUL 7 1938

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

Do not use this space.

22964

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township Grandcloud — Primary Registration District No. 117 — Registered No. 1117
City Webster Groves (No. 437 So. Rockhill Rd. St. Ward)

2. FULL NAME John MEYER
(a) Residence. No. ALTON IOWA 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. 3 mos. ds. How long in U.S., if of foreign birth? 82 yrs. mos. ds.

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.

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~~ Cornelia Gleystein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	86	7	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 25 yrs
(b) General nature of industry, business, or establishment in which employed (or employer): Past Master of Alton Iowa
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

PARENTS
10. NAME OF FATHER: Arnold Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: ? Kersen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Holland

14. INFORMANT Mrs. Franklin F. Lewis
(Address) 437 So. Rockhill Rd. Webster Groves

15. FILED ....., 19.... G. R. Meyer M.D. D.P.H. REGISTRAR
JUN 29 1938

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1938

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to June 3, 1938, that I last saw h. alive on June 3, 1938, and that death occurred, on the date stated above, at 8:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of stomach
4
(duration) yrs. 5 mos. ? ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature] D. Thompson, M.D.
, 19 (Address) 4932 Maryland Ave. St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Alton Iowa — DATE OF BURIAL: June 30 1938

20. UNDERTAKER: Parker und Co — ADDRESS: Webster Grove

I hereby certify that the body recorded on the reverse side of this certificate was Embalmed by Orrin B Lang License 1581