

REC'D FEB 10 1939

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

198

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** Registered No. **198**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred **67** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **630 Louis Meyerott**

(a) Residence, No. **5800 Arsenal** St. **13**
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18, 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 **5** **17**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
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) **Unknown Ill.**

FATHER 13. NAME **Henry Meyerott**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Annie Breman**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT (ADDRESS) **J.G. Sullivan 5800 Arsenal St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **City Crem.** DATE **1-6**, 19**39**19. FUNERAL DIRECTOR (ADDRESS) **City Infirmary**20. FILED **JAN 6 1939** **J.B. Bretsch** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 4, 1939**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 15, 1938**, to **Jan. 4, 1939**I last saw him alive on **Jan. 4, 1939** Death is said to have occurred on the date stated above, at **12:20 A.M.**

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

hysteria Heart Disease
Bronchitis pneumonia

Other contributory causes of importance:

Fatal Anemia

Name of operation **None** Date of
What test confirmed diagnosis? **H&P & P.E.** 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) **George M. Pike** M. D.
(Address) **5600 Arsenal St.**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)