

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

4477

Do not use this space.

1008

1170

1. PLACE OF DEATH  
 (a) **REC'D MAR 13 1939** Registration District No. **1008**  
 (b) Township..... Primary Registration District No..... Registered No. **1170**  
 (c) City **St Louis** (d) Street No. **Dee Paul Hospital** 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 **Louis Eugene Meier**  
 (a) Residence, No. **123 N. Date Str. Ferguson Mo** **WA** (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5 Th 1939**

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

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis**  
 13. NAME **Louis Meier**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

MOTHER  
 15. MAIDEN NAME **Florence Johnson**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Michigan**

17. INFORMANT **Louis Meier**  
 (ADDRESS) **123 N. Date Str Ferguson Mo**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Calvary Cem.** DATE **Feb. 6 Th 39**

19. FUNERAL DIRECTOR (NAME) **Edward Koch**  
 (ADDRESS) **3516 N 14 St**

20. FILED **FEB 6 1939** **J. D. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 5** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 4** 19 **39** to **Feb 5** 19 **39**  
 I last saw him alive on **Feb 5** 19 **39**. Death is said to have occurred on the date stated above, at **4:00 a. m.**  
 The principal cause of death and related causes of importance were as follows:  
**Prematurity**  
**WA**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?.....  
 If so, specify **John G. M. Swirey**, M. D.  
 (Signed) **John G. M. Swirey**  
 (Address) **1014 Thekla Ave**

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.

*No embalment* *CF*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**