

550 SEP 14 1939

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

27287
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. 791
 (b) Township / Primary Registration District No. 1003
 (c) City or St. Louis Missouri (d) Street No. St. Anthonys Hospital
 (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 Charlotte Meier 600

(a) Residence, No. 57 58 McPherson Ave. St. 5
 (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 Female
 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) Aug. 9, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
 60 11 22

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

FATHER
 13. NAME Peter Meier
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Emily ? Unknown
 16. BIRTHPLACE (CITY OR TOWN) Rochester
 (STATE OR COUNTRY) New York

17. INFORMANT Leslie U. Meier
 (ADDRESS) 5758 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE Aug. 4 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED AUG 3 1939 J.D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
 Fracture of Skull and Subdural Haemorrhage of Brain suffered while exercising pleasure in Sedan driven by Peter Meier and Chas. Walter Kretzley of Highway #30 near North Springs, Mo. about 8:00 p.m. August 11, 1939.
 Other contributory causes (air pollution)
 Fracture of Skull and Subdural Haemorrhage of Brain suffered while exercising pleasure in Sedan driven by Peter Meier and Chas. Walter Kretzley of Highway #30 near North Springs, Mo. about 8:00 p.m. August 11, 1939.
 Name of coroner Date of report
 What test confirmed diagnosis? Was there an autopsy? Yes
 23. (If death was due to unusual causes (poison), fill in also the following: Accident, suicide, or homicide. Date of injury 8/11 1939
 Where did injury occur? 3000 Spruce St. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, on home, or in public place. 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) Alfred G. Perry
 (Address) Deputy Coroner

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Edward J. Bockhorst

Registered Apprentice No.....

working under my personal supervision.

Signed *Edward J. Bockhorst*

Licensed Embalmer No. 2502

P. O. Address St. Louis, Mo.

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.