

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27541
Do not use this space.

REC'D SEP 14 1939 2672

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1008**

(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St. **7041**

(e) Length of residence in city or town where death occurred **53** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **607 Curt H. Meier**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **KATHERINE** (OR) WIFE OF **CURT H. Meier** ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 21, 1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	58	4	22	

OCCUPATION

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

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 Germany**

FATHER

13. NAME **August Meier**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER

15. MAIDEN NAME **Charlotte Schmidt**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **J.G. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Church** **8/14, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Siedman** **3934 N. 20th St.**

20. FILED **AUG 14 1939** **J.D. Bruck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 12, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 16, 1936**, to **Aug. 12, 1939**

I last saw him alive on **Aug. 12, 1939**. Death is said to have occurred on the date stated above, at **12:05 A.M.**

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

Cardiac Failure
Hypertensive Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 (Signed) **E. J. Puri** M. D. (Address) **5800 Arsenal**

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.....

Geo. P. Schubert

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. P. Schubert

Licensed Embalmer No. *2212*

P. O. Address *5118 7/17 Kingshighway*

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.