

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

4396
Do not use this space.

FILED JAN 31 1944

1. PLACE OF DEATH
 County St. Louis Registration District No. 317
 Township Primary Registration District No. 6076
 City Baden Station (No. Bellefontaine Road, - Hallad St. Ward)
 Registered No. 160 91

2. FULL NAME Dorothy Ruth Meyers
 (a) Residence, No. St. Louis Training School, 2 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 1 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) Jan. 13, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
20 20 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
 9. Industry or business in which work was done, as silk mill, 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) St. Louis, Mo.

FATHER
 13. NAME Fred Meyers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
 15. MAIDEN NAME Mollie Janca Pegram Meyers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensboro, N. Carolina

17. INFORMANT (ADDRESS) Records of St. L. Tr. School

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 19th 1944

19. UNDERTAKER (ADDRESS) Sam Mullen 5041 Delmar

20. FILED JAN 22 1944 E. J. Mc Gowan, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1944, to Jan. 16, 1944.
 I last saw her alive on Jan. 16, 1944. Death is said to have occurred on the date stated above, at 3:40 p.m.
 The principal cause of death and related causes of importance were as follows:
R. Lobar pneumonia
bronchocarditis + myocarditis

 Date of onset: Jan 10, 1944
4-30-42

Other contributory causes of importance:
Mental defective plus
Toxic psychosis

 Date of onset: 21 years
1-10-44

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? NO.
 If so, specify

(Signed) Dorothy M. Edersueck M. D.
 (Address) St. Louis Training School

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.

FEB 25 1944

V. E. Morris
#3360