

MAR 12 1936

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

Do not use this space.

791

7721

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No. **1003**
 City *St Louis* (No. *St. Paul Post*) St. Ward)

2. FULL NAME *Hanna Meyer*

(a) Residence, No. *1732 Oakley* St., *5* Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 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 *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) *Mar 12 1871*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Endorse 20*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Office Clerk*
 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) *New York*

MOTHER FATHER
 13. NAME *Theodore Meyer*

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

MOTHER FATHER
 15. MAIDEN NAME *Isabella Kraiger*

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

17. INFORMANT (ADDRESS) *Mrs Rose Dorsey*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Ceme* DATE *Feb 7 1936*

19. UNDERTAKER (ADDRESS) *Harrigan & Sheahan*

20. FILED *FEB -6 1936* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 5 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 24 1936* to *Feb 5 1936*

I last saw her alive on *Feb 4 1936*. Death is said

to have occurred on the date stated above, at *7:23* a.m.

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

Chronic Myocarditis 3/25/35
 Ch. Intestinal Myelitis 7/25/35
 Other contributory causes of importance: *13.1*

Name of operation Date of operation
 What test confirmed diagnosis? *Clinical Judgment* 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? *No*

(Signed) *Thomas Taylor*, M. D.
 (Address) *2743 N Grand*

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. Lawrence
2743 N. Grand Blvd

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