

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

Do not use this space.

42385

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **12112**

St.

Ward

2. FULL NAME

(a) Residence. No. **2029** **Warren St** **20** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | **White** | **Married**

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

Herman Meitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 4 1897

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
37	10	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Insurance

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Charles Deum

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Catherine Horgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

City Hospital

15.

FILED

4 11 19

Walter C. Standish
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 11 1929**

17.

I HEREBY CERTIFY That I attended deceased from **Dec 7 1929** to **Dec 16 1929**, that I last saw him alive on **Dec 11 1929** and that death occurred, on the date stated above, at **4 45 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis with Decompensation

CONTRIBUTORY (SECONDARY)

Acute Lobar Pneumonia (Rt. Upper lobe)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

2229 Warren St
no
no
Bay Margulies, M.D.
12/12 1929 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Labary | **12-14 1929**
Arthur J. Donnelly | **2039 Wash St**

20. UNDERTAKER

ADDRESS

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.

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

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