St Louis Maternity Hospital

JAN 24 1935

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

Do not use this space.

44692

File No. 11803

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo. (No. St Louis Maternity St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Infant Meyer

(a) Residence, No. 4989 Shenandoah St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1934

7. AGE: Years — Months — Days — If LESS than 1 day, 7 hrs. or 15 min.

OCCUPATION

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

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, Missouri

FATHER

13. NAME Meyer Charles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden N. Jersey

MOTHER

15. MAIDEN NAME Moores Eva

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodbine, Iowa

17. INFORMANT Chas Meyer
(ADDRESS) 4989 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL
St Louis Maternity Hosp 12-1 1934
(PLACE) (DATE)

19. UNDERTAKER Dybell Catholoy
(ADDRESS)

20. FILED 1 1935 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-28-1934, to 12-1-1934, and last saw him alive on 12-1-1934, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature 6 Mos
Miscarriage
(Atelectasis of Lungs)
Liver & Kidneys

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) Guthman A. Neel M.D., M. D.
(Address) 4 N Wall Ave Do,

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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