

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

Do not use this space.

13391

**1. PLACE OF DEATH**

County.....  
Township.....  
City, St. Louis Mo.

Registration District No. 791  
Primary Registration District No. 1003  
(No. Jewish Hospital.)

File No.....  
Registered No. 3991  
St. .... Ward)

**2. FULL NAME Adolph Meyer.**

(a) Residence. No. 5330 Pershing Ave. St. 12 Ward.

(If nonresident give city or town and State)

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

**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 (OR) WIFE OF Carrie Pfeifer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 3 6

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Meyer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Bauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Carrie Meyer  
(Address) 5330 Pershing Ave

15. FILED 1929 May 2 Starkoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31<sup>st</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from 18<sup>th</sup> 7<sup>th</sup> February 1929, to March 31<sup>st</sup> 1929, that I last saw him alive on March 30<sup>th</sup> 1929, and that death occurred, on the date stated above, at 12 o'clock a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Bladder

49 518  
(duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT IN PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Edward S. Smith, M. D.

April 2<sup>nd</sup> 1929 (Address) 3720 Washington Ave

\*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

Mt. Sinai 4/2/29 19

20. UNDERTAKER ADDRESS Mayer 4538 Lindell

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.

170  
10  
10  
10

