

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

Do not use this space.

25045

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 2  
 City St Louis Mo (No. 3409 North 9th St St. .... Ward)  
 Registered No. 7228

**2. FULL NAME**

Frederick Meyer  
 (a) Residence. No. .... St. 207 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1930

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

I HEREBY CERTIFY, That I attended deceased from June 14, 1930, to July 19, 1930 that I last saw him alive on July 19, 1930, and that death occurred, on the date stated above, at 10:45 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1866

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 10 4

131 Chronic  
93C nephritis  
 (duration) yrs. 1 mos. 5 ds.  
 CONTRIBUTORY (SECONDARY) chronic Nephritis  
 (duration) yrs. 1 mos. 5 ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Iron Worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Granite City  
 (c) Name of employer Steel Works

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH 19th St

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

17. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

10. NAME OF FATHER Benjamin Meyer

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS

12. MAIDEN NAME OF MOTHER Magdalena Dumbach

(Signed) Joseph Hill M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL July 21 1930

14. INFORMANT Mrs Christiane Meyer  
 (Address) 3409 N 9th St

20. UNDERTAKER Math Hermann & Son ADDRESS 216 Fair

15. FILED JUL 21 1930 M. C. Haver REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

150  
600  
2

all



Photo added by Elaine R S

# Frederick Meyer

BIRTH 15 Sep 1867  
DEATH 19 Jul 1930 (aged 62)  
BURIAL Oak Grove Cemetery  
Bel-Nor, St. Louis County, Missouri, USA  
MEMORIAL ID 173322025 · [View Source](#)

## Family Members

### Spouse



**Christine TrinklerMeyer**  
1866–1950