WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

15340

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 4152 Russell Blvd St. ..... Ward)

File No. .....

Registered No. 3892

2. FULL NAME Minnie Meisenheimer

(a) Residence, No. 4152 Russell Blvd. St. 17 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 Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 9

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

FATHER

13. NAME John Messell

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

MOTHER

15. MAIDEN NAME Margaret Guessler

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

17. INFORMANT (ADDRESS) Hart 4152 Russell Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's Cem. DATE May 1, 1933

19. UNDERTAKER (ADDRESS) J. J. Grimm 4152 N. Grand Blvd

20. FILED APR 30 1933 Max C. Hankey Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1932, to 4/28, 1933

I last saw her alive on 4/28, 1933. Death is said to have occurred on the date stated above, at 8:35 P.m.

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

Chr. Nephritis

Chr. Myocarditis

131

Other contributory causes of importance:

Arterio Sclerosis

Hypertension

Senility

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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.

If so, specify .....

(Signed) William H. Broeder M. D.

(Address) 1225 Sidney