

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

Do not use this space.

JUL 8 - 1937

791

22368

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Enroute to City Hospital, #1**) St. (Ward) **9**

2. FULL NAME Henry Meissbach

(a) Residence, No. **3651 Juniata** St. **16** 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) Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13th, 1869.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	4	9	

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

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

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, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William Meissbach (ADDRESS) 4852 Goethe Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE June-25-1937

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. JUN 24 1937 *J. Bredeck* Registrar.

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 22 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10.05 A.M.**

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

*Rupture of Heart, non-traumatic
 Infarct of Left Ventricle
 Coronary Sclerosis*

Other contributory causes of importance: **95%**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? *Yes*

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 **4**
 Nature of injury **4**

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....

(Signed) *Alfred J. Perry, M.D.*
 (Address) *Deputy Coroner*

WHITE PLAINLY WITH UNFAVORABLE 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.

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