

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41168

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10291

1. PLACE OF DEATH:

- (a) County 1
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

In this community _____
years, months or days8. (a) PRINT FULL NAME MRS LOUISA MEINHARDT 513

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William F. 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Dec. 25, 1874
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 11 6 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business _____

12. Name Frederick Gerau13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Dont know15. Birthplace Dont know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm. F. Meinhardt(b) Address 3837 So. Compton Ave.17. (a) Burial (b) Date thereof Dec. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul Cem.18. (a) Signature of funeral director J. H. Hebben, L. H. Co.(b) Address 2630 Gravois Ave.19. (a) DEC 1 1939 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
- (d) Street No. 3837 So. Compton Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1939 hour 4 minute 45 A. M.21. I hereby certify that I attended the deceased from Nov. 2,
1939, to Dec. 1, 1939;
that I last saw her alive on Nov 30, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis
lt. ventricular infarct. Duration 12 weeks

Due to _____

Due to _____

Other conditions Acute Myelitis
(Include pregnancy within 3 months of death) arterio sclerosis 15 yearsMajor findings: _____
Of operations _____Of autopsy yes - chr. myocarditis & healed infarct
Encephalo-malacia due to arterio sclerosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____28. Signature Wm. F. Meinhardt (M. D. or other) _____Address 1040 Summit Date signed 12/1/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Meramec St.
P. O. Address **St. Louis, Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.