

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County 2-
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3002 No. Prairie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
(c) City or town St. Louis. 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3002 No. Prairie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Algie Meisch. 200

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry M. Meisch.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 22, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Salem, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name James Bottorff

18. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Meisch

(b) Address 3002 Prairie Ave

17. (a) Burial (b) Date thereof Jan. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem.

18. (a) Signature of funeral director Arthur Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JAN 4 1940 (b) J. J. Pruebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.
year 1940 hour 2 minute 07 A.M.

21. I hereby certify that I attended the deceased from Dec 16 1939 to Jan 2nd 1940 that I last saw him alive on Jan 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & cardiac failure.

Due to Caught "cold" the week before

Other conditions Chronic epithelial
(Include pregnancy within 3 months of death)

Major findings: ruins found

Of operations _____

Of autopsy _____

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 1

23. Signature Dr. Edward Macaulay (M. D. or other) _____
Address 306 S. Grand Ave Date signed 1/5/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

WHILE FILING - USE UNFADING BLACK INK - MAKE 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.

FILED FEB 17 1940

Dr. Edwin Marshall
306. Dr. Marshall
12-2 Dr

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.