DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 187

Registration District No. 791 FILED FEB 17 1940

Primary Registration District No.

Registrar's No. 187

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5635 Waterman Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5635 Waterman Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? about 50 years years.

3. (a) PRINT FULL NAME Jacob Meisner 256

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sarah Flower Meisner

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

7. Birth date of deceased Dec (Month) 25 (Day) 1860 (Year)

8. AGE: Years 79 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Merchant 6

11. Industry or business shoes 6

FATHER
12. Name Unknown 6
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Sam Levi
(b) Address 5635 Waterman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director [signature]
(b) Address 4356 Lindell Blvd

19. (a) JAN 8 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 2nd, 1940, to Jan 8, 1940;
that I last saw him alive on 7th Jan, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute	6 days
Caused by chr. Myocarditis	
Due to Bronchial asthma	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93C

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A M Frank (M. D. or other)
Address 3651 Grandel Sq Date signed 1/8-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

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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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.