

FEB 17 1941  
Registration District No. 701

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ambulance en route Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 63 Years  
years, months or days)

3. (a) PRINT FULL NAME Adolph Meilves  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-07-2016

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edith Ralls Meilves 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased September 13 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Shop Supt

11. Industry or business Mfg Bed Springs

MOTHER FATHER { 12. Name Frank Meilves  
13. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Winters  
15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Meilves  
(b) Address 4216 Shreve Ave

17. (a) Burial (b) Date thereof Jan 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home  
(b) Address 1936 St Louis Ave

19. (a) JAN 9 1941 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4216 Shreve Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7  
year 1940 hour 7:30 minute P M.

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

Immediate cause of death Cerebral Apoplexy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place)  
28. Signature Edwin D. Taylor (M. D. or other)  
Address 422 N. Taylor Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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.

1-1951

**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.....

*Mat L. Wenzel*

Registered Apprentice No. *215*

working under my personal supervision.

Signed *Delis J. Krupiec*

Licensed Embalmer No. *3497*

P. O. Address *1936 St Louis*

**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.**

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 2097

Primary Registration District No. \_\_\_\_\_

Registrar's No. 236

FILED FEB 17 1940

1. PLACE OF DEATH: 2008  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
In ambulance en route to Missouri Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 63 years  
 years, months or days)

3. (a) PRINT FULL NAME Adolph Meilves 412  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-07-2016

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edith Rolls Meilves  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased Sept. 13 1876  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 25 If less than one day  
 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Shop Superintendent

11. Industry or business Foster Bros. Spg. & Bed Mfgs.

MOTHER FATHER { 12. Name Frank Meilves  
 13. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Winters  
 15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Meilves  
 (b) Address 4216 Shreve Ave.

17. (a) Burial (b) Date thereof Jan. 10 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Reiderwieser Fun. Home Inc.  
 (b) Address 1936 St. Louis Ave.

19. (a) \_\_\_\_\_ (b) J. F. Predeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4216 Shreve Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U.S. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 7  
 year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Sclerosis  
Chronic Interstitial Nephritis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 121  
 Of operation \_\_\_\_\_  
 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 \_\_\_\_\_  
 23. Signature Joseph M. Jensen  
 Address \_\_\_\_\_ (City or town) (County) (State)

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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.

S-236

**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

..... *Max L. Wasfel* ....., Registered Apprentice No. *215*  
working under my personal supervision.

Signed..... *[Signature]* .....,  
Licensed Embalmer No. *3737*  
P. O. Address *1936 St. Louis Ave*

**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.**