

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26748**
Registrar's No. **6644**

SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **Saint Louis, Missouri.**
(c) Name of hospital or institution:
3305 Michigan Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri.** (b) County _____
(c) City or town **Saint Louis, 16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3305 Michigan Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2nd**,
year **1940**, hour **5** minute **50 A.** M.
21. I hereby certify that I attended the deceased from **NOV. 24th**
1939, 19____, to **AUG. 2nd**, 19**40**;
that I last saw her alive on **AUG. 2nd**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death
PULMONARY & AORTIC STENOSIS

Duration
MANY YEARS

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **G. M. Schuricht** (M. D. or other) _____
Address **2327 S. 12th St** Date signed **AUG. 3rd**

3. (a) PRINT FULL NAME **Erna Meinhardt, 563**
8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single.**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 4th, 1889.**
(Month) (Day) (Year)

8. AGE: Years **50** Months **9** Days **28**
If less than one day _____ hr. _____ min.

9. Birthplace **Saint Louis, Missouri. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Charles Meinhardt**

13. Birthplace **Unknown Germany 6**
(State or foreign country)

14. Maiden name **Frieda Hawler**

15. Birthplace **Unknown Germany 6**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Opiedo Mathias**
(b) Address **3643 Michigan Ave.**

17. (a) **Burial** (b) Date thereof **August 5th, 40.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Pauls Churchyard.**

18. (a) Signature of funeral director **Regenhein Bros.**
(b) Address **2623 Cherokee Street.**

19. (a) **AUG 5 1940** (b) _____
(Date received local registrar) (Signature of registrar)

NOTE: 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.

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.