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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30060**

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **7337**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo., 8 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Herman Meisner (J.)

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 Widower

6. (b) Name of husband or wife late Annie M. Meisner

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

7. Birth date of deceased Aug. 7th 1877
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 63 | 20 | 23 | _____ hr. _____ min. |

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

10. Usual occupation Tavern Proprietor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Meisner

18. Birthplace Unknown
(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 Kathryne Schumacher

(b) Address 4174 McRee Ave.

17. (a) Burial (b) Date thereof 8-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshausler Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 2 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4174 McRee 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 30, year 1940 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from July 22, 1940, to August 30, 1940

that I last saw him alive on August 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hypertrophy

Duration _____

Due to _____

Due to _____

Other conditions 956
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. Fitzgerald (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 8/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Edmund M. Gerust

Licensed Embalmer No. 3024

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.