

No. 2  
4-13-40  
-17-39  
K23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5203

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

RECORDED MAR 25 1941 791

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

Primary Registration District No. 1003

Registrar's No. 1451

1. PLACE OF DEATH:

(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:  
4247 Iowa 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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME EDNA MEINECKE

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 Charles 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 28 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 7 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Solomon Schmoll

13. Birthplace France  
(City, town, or county) (State or foreign country)

14. Maiden name Lisette Kaufman

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

16. (a) Informant Charles Meinecke

(b) Address 4247 Iowa Ave.

17. (a) Burial (b) Date thereof Feb. 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director J. H. Bredbeck & Sons Co.

(b) Address 2842 Moramee St.

19. (a) 13 1941 (b) J. H. Bredbeck  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100  
(c) City or town St. Louis 1715  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4247 Iowa Ave.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th  
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 15 1934 to February 13 1941;  
that I last saw her alive on February 10 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 7-10 yrs.

Due to arteriosclerosis & obesity 10 yrs.  
20 yrs.

Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None  
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 0

23. Signature Bureau of Health (M. D. or other) 140  
Address 6006 Virginia Ave. Date signed 2/13/41

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

MOTHER FATHER

**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 Me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Robert F. Gibben

Licensed Embalmer No. 4144  
2842 Meramec St.  
P. O. Address St. Louis, Missouri

**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, fact should be so stated above.**