

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19815

State File No.

Registrar's No.

5213

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri  
(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:  
Christian 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.....  
years, months or days)

3. (a) PRINT FULL NAME Charles J. Meissner  
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 Married  
6. (b) Name of husband or wife Emma E. Meissner 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased January 22, 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 21 If less than one day  
.....hr. ....min.

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

10. Usual occupation Retired Grocer

11. Industry or business.....

MOTHER FATHER { 12. Name Fred Meissner  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma E. Meissner  
(b) Address 3801 Labadie Ave.

17. (a) Removal (b) Date thereof 6/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4704 Washington Blvd.

19. (a) JUN 16 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1003 Missouri St Louis  
(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3801 Labadie Avenue  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1942 hour.....minute.....M.

21. I hereby certify that I attended the deceased from June 6, 1942 to June 13, 1942  
that I last saw him alive on June 13, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death hemipia

Due to Hunting dogs

Due to 15 years diabetes

Other conditions Senility  
(Include progressive conditions 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. W. Harris (M. D. or N. M. D.)  
Address 3525 N. Grand Date signed 6/14/42

844 (Licensed Embalmer's Statement on Reverse Side)

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

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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, fact should be so stated above.**