

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:
Missouri Pacific 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 **Ivy Mary Meinhardt**

3. (b) If veteran, name war..... **None**
 3. (c) Social Security No..... **None**

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Edwin Meinhardt**
 6. (c) Age of husband or wife if alive..... **55** years

7. Birth date of deceased..... **February 16 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	6	18 hr. min.

9. Birthplace..... **Butler Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Henry Collier**
 13. 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..... **Edwin Meinhardt**
 (b) Address..... **8302 Van Buren**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof..... **Sept. 7, 1942**
(Month) (Day) (Year)

52. (c) Place: burial or cremation..... **Park Lawn Cem.**

18. (a) Signature of funeral director..... **Hoffmeister**
 (b) Address..... **7814 S. Broadway**

19. (a) **SEP 6 1942** (b) **J. F. Budeck**
(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..... **8302 Van Buren st.**
(If rural, give location)
 (e) Citizen of foreign country?..... **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4**
 year..... **1942** hour..... **5** minute..... **10 P.** M.

21. I hereby certify that I attended the deceased from..... **8/16/42** '19 to..... **9/4/42** '19;
 that I last saw her alive on..... **9/4/42** '19;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion **1 day**

Due to.....
94

Other conditions.....
Chronic Choleystitis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **Chronic Choleystitis**
Cholelithiasis
 Of autopsy..... **none**

Duration
 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..... **Charles G. Duce** (M. D.)
 Address..... **Mo. Pacific Hospital** Date signed..... **9/4/42**

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.....

Homer C. Dill

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

working under my personal supervision.

Signed *Edwin H. Leisinger*.....

Licensed Embalmer No. *4849*.....

P. O. Address *6464 Chippewa*.....

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.