No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25519

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6388

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 Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union

(c) City or town Anna
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ellen Meisenheimer

3. (b) If veteran, name war Nil

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 Eli Meisenhier

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September (Month) 15 (Day) 1870 (Year)

8. AGE: Years 75 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Cruse
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Hartman
15. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant Eli Meisenheimer
(b) Address Anna, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Anna, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 19 1946 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from July 18, 1946, to July 19, 1946 that I last saw her alive on July 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions Chronic myocarditis with arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Coronary occlusion with infarction	

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? no
While at work? no (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address 812 Olive Street Date signed 7/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

94369

V. S.
100

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. Allen Davis Jr.

Licensed Embalmer No. 4053

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.