

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32009

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8317**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3501 S. Broadway		d. STREET ADDRESS (If rural, give location) 4911 Northland Place	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Meckfessel			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 6, 1884		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Manager		10b. KIND OF BUSINESS OR INDUSTRY Intl. Shoe Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Rudolph Meckfessel		13b. MOTHER'S MAIDEN NAME Henrietta Otto		14. NAME OF HUSBAND OR WIFE Emilie Meckfessel	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-01-5837		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emilie Meckfessel-4911 Northland Pl	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH in det.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary atherosclerosis					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION L				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Washington Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **1938**, 19___, to **9/23**, 19**49**, that I last saw the deceased alive on **9/23**, 19**49**, and that death occurred at **05P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Julius Jensen Jensen		23b. ADDRESS 3720 Washington Ave St. Louis		23c. DATE SIGNED 9/27/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/29/49		24c. NAME OF CEMETERY OR CREMATORY. New Bethlehem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D. BY LOCAL REG. SEP 27 1949		REGISTRAR'S SIGNATURE J. B. Larster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Julius Jensen (2-4)
Beaumont Bldg.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John A. Mlinar

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.