

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42762

318

1003

State File No.

11250

BIRTH MO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 2022 E. John Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Gustave b. (Middle) H. c. (Last) Meinershagen			4. DATE OF DEATH (Month) (Day) (Year) December 29, 1949.				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 17, 1862	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (State or foreign country) Truesdale, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frederick Meinershagen		13b. MOTHER'S MAIDEN NAME Sophia Diokroeger		14. NAME OF HUSBAND OR WIFE Wm.	
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. none		17. INFORMANT'S SIGNATURE OR NAME Dr. C. E. Meinershagen ADDRESS 2900 Hatherly Dr.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease ANTECEDENT CAUSES, Morbid conditions, if any, giving rise to the above cause (a); stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of right femur					INTERVAL BETWEEN ONSET AND DEATH 1 year + 6 weeks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Acc 19/49		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/19/49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from Nov 19, 1949, to Dec 29, 1949, that I last saw the deceased alive on Dec 29, 1949, and that death occurred at 1:12 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Foster			23b. ADDRESS 2021 4222 N. Grand		23c. DATE SIGNED 12-29-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-49.		24c. NAME OF CEMETERY OR CREMATORY City Cemetery (via Motor)		24d. LOCATION (City, town, or county) (State) Warrenton, Missouri.	
DATE RECD BY LOCAL REG. DEC 30 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.			

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

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed W. J. Bussley
Licensed Embalmer No. 4702
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.