

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033912

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

Registration District No. 318 Primary Registration District No. Registrar's No. 8553 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1963

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 5 days
 c. CITY OR TOWN St. Louis, Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4219 A. No. Florissant Av. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Charles Meisch 4. DATE OF DEATH Month Day Year 8 - 21 - 1963

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-26-1880 9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done or profession, occupation, or industry if retired) Retired Carpenter Contractor 10b. KIND OF BUSINESS OR INDUSTRY Millstone Const. Co. 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Meisch 13b. MOTHER'S MAIDEN NAME Charlotte Grafemann 14. NAME OF HUSBAND OR WIFE Mary Meisch

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) NO 17. INFORMANT Mrs. Mary Meisch 4219 A. No. Florissant

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure 8 hrs. (b) Arterio-sclerotic Heart Disease Unknown (c) Hip prosthesis 420.0 8-20-63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Neck fracture of right femur, probably 2 weeks old

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) No history of injury

20c. TIME OF INJURY Hour Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 13, 1963 to Aug 21, 1963 and last saw him alive on Aug 21, 1963 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. E. Joffe (Physician title) 22b. ADDRESS 4222 N. Grand 22c. DATE SIGNED 8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-24-1963 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. GENERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. AUG 23 1963 26. REGISTRAR'S SIGNATURE Seal Smith, M.D.

St. Louis, Missouri 63107 (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No.

5146

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.