WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19784

File No. 5507

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. Josephine Hospital St. Ward)

2. FULL NAME Cecelia Meeder

(a) Residence. No. 3435 Oregon ave. St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17-1872

7. AGE: Years 54 | Months 5 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Frederick Reinheimer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Salama Elkinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT Frederick Reinheimer
(Address) 3435 Oregon ave.

15. FILED JUN 15 1927 Max C. Starkloff, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 8, 1927, to 6-11, 1927, that I last saw her alive on 6-11, 1927, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:—
mitral regurgitation with myocarditis Chronic
1 hr
9:30 P.
9:30 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis, chronic interstitial
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Negat DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination

6/13, 1927 (Signed) John H. Duemler, M. D
(Address) 1504 So Grand Ave

1290

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus Cem. DATE OF BURIAL June 14 1927.

20. UNDERTAKER Ziegenhein Bros. 2623 S. ADDRESS Jefferson St.