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

Do not use this space.

38913

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11653

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 2155 East Fair Ave. St. ..... Ward)

2. FULL NAME Elizabeth A. Meisel

(a) Residence. No. 2155 E. Fair Ave. St., 9 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew Meisel (Dec'd)

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 15, 1867

7. AGE: Years 60 | Months 11 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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: Ernest Eikhoff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Muelhausen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Alcasce-Lorraine

14. INFORMANT: Ernest W. Meisel
(Address) 2155 E. Fair Ave.

15. FILED: DEC 28 1927 Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Jmaw, 1924, to Dec 26, 1927, that I last saw her alive on Dec 24, 1927, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Dilatation of Heart
93C
95B
69B (duration) ..... yrs. ..... mos. few hours ds.

CONTRIBUTORY (SECONDARY): Fatty Degeneration of Heart - Obesity
(duration) ? yrs. ? mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Heart. Oedema

(Signed) Louis A. Behrens, M. D

Dec 26, 1927 (Address) 301 Times Bldg

*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: Friedens
DATE OF BURIAL: Dec. 29 1927

20. UNDERTAKER: Math. Hermann & Son
ADDRESS: 4103 W. Florissant Ave.

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.