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.

10557

1. PLACE OF DEATH

County ..... Registration District No. 791 1002 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2546

City St. Louis, (No. Bethesda Hosp. St. ..... Ward)

2. FULL NAME Paul Hay Meinhardt

(a) Residence. No. 3517a Juniata 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1926.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3.	3.	19.	

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

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

PARENTS

10. NAME OF FATHER Paul Meinhardt.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Aurora, Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Westbrook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St Louis, Ill
(STATE OR COUNTRY)

14. INFORMANT Paul Meinhardt.
(Address) 3517a Juniata Ave.

15. FILED ..... 19 Max C Stark Coff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1930

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1930, to March 11, 1930 that I last saw him alive on March 10, 1930, and that death occurred, on the date stated above, at 9 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

93A
18C (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Focal Encephalitis

(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F W Seninga, M. D.

3/13, 1930 (Address) 3315 S Jefferson Ave

*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 Sun Set Burial Pk. DATE OF BURIAL 3-14-1930.

20. UNDERTAKER C. R. Lupton. ADDRESS Olive Street #4449

~~Butler~~

~~3-4~~

Dr. Veninga
3315 S. Jeff.
Prospect-0883