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

Do not use this space.

40816

File No.
Registered No. 11460

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital St. Ward)

Registration District No. 701
Primary Registration District No. 0203

2. FULL NAME 1496 Jeanette Meinecke (MEINECKE)

(a) Residence. No. 2349 Menard St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	62	3	19	

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) Indiana

PARENTS
10. NAME OF FATHER Andrew Perrigo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lucinda Crouch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT City Hospital Informant
(Address) City Hospital

15. FILED DEC -6 1930 Wm C Hardy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1930 to Dec 5 1930 that I last saw h. alive on Dec 5 1930 and that death occurred, on the date stated above, at 1 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c
111B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
#103 (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? Clinical

(Signed) Raymond D. Jacobs M. D.
12/5 1930 (Address) City Hospital

*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 St. Mathews Cemetery
DATE OF BURIAL Dec 8 1930

20. UNDERTAKER J. H. Lukens L & U Co 1814 Miramee
ADDRESS

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.

Meinecke