

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No..... **791**
Primary Registration District No..... **1008**
(No. *4854* *Sacramento*)

File No..... **40974**
Registered No..... **11633**
St..... Ward.....

2. FULL NAME

(a) Residence. No. *4854 Sacramento* St., *7* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct. 10 - 1883</i>				
7. AGE	YEARS <i>47</i>	MONTHS <i>2</i>	DAYS <i>—</i>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Seamstress</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer <i>Newburger & Co</i>				
9. BIRTHPLACE (CITY OR TOWN)..... <i>St. Louis</i> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <i>Frank Meckfessel</i>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <i>Germany</i> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <i>Wilhelmina Dickwiler</i>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <i>Germany</i> (STATE OR COUNTRY)			
14. INFORMANT..... <i>U. Meckfessel</i> (Address) <i>4854 Sacramento</i>				
15. FILED..... <i>12 1930</i> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 10 1930*

17. *No Physician in Attendance*
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at *9:45 P. M.*

72A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myelogenous Leukemia

CONTRIBUTORY (SECONDARY) *6500*
(duration)..... yrs..... mos..... ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY..... *yes*
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) *J. W. Jensen M.D.*
12/12 1930 (Address) *Dep. Coroner*

*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 <i>St. Peter's Cemetery</i>	DATE OF BURIAL <i>Dec 13 1930</i>
20. UNDERTAKER <i>Wm. Schmader</i>	ADDRESS <i>4834 Nat Ridge</i>

K. 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.

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

