

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

Do not use this space.

33819

**1. PLACE OF DEATH**

County..... Registration District No. 21  
Township..... Primary Registration District No. 1003  
City..... (No. 1415 St. Louis Ave)

File No.....  
Registered No. 9119  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1415 St. Louis Ave St., 26 Ward.

(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 Male 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 Margaret Meinhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
64 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lebanon (STATE OR COUNTRY) Illinois

13. NAME John Meinhardt

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 13

15. MAIDEN NAME Louise Hoffmeister

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 13

17. INFORMANT (ADDRESS) John Meinhardt  
13919 Sullivan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ill DATE Oct 15 1932

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart  
2228 St. Louis Ave

20. FILED OCT 14 1932 19 Max C. Starbloff Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1932, to 10/13, 1932

I last saw him alive on 10/3, 1932. Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy - 20  
Hypertension  
Cerebral Hemorrhage

Other contributory causes of importance:  
1

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) J. J. Meinhardt, M. D.  
(Address) Grand St. St. Louis

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.

