

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

Do not use this space.

42197

**1. PLACE OF DEATH**

County..... Registration District No. 5801  
 Township..... Primary Registration District No. 10735  
 City St. Louis (No. 3001 - Jowa Ave St. .... Ward) (Registered No. 11327)

**2. FULL NAME**

(a) Residence, No. 3001 - Jowa Ave, 24 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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**

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Meinhardt</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 - 1880</u>			
7. AGE	YEARS <u>52</u>	MONTHS <u>3</u>	DAYS <u>2</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 58</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Quack Med Store 6</u>		
	11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>			
FATHER	13. NAME <u>Henry Meinhardt</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Emma Meinhardt</u> (ADDRESS) <u>3001 Jowa Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner</u> DATE <u>12-22-1932</u>			
19. UNDERTAKER <u>Wackerly Helderle</u> (ADDRESS) <u>2301 Broadway</u>			
20. FILED <u>EC 21 1932</u> <u>W. O. Handley</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1932, to 12-20, 1932.  
 I last saw h. live alive on 12-20, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
acute lobar pneumonia Date of onset 12-13-32  
103  
108  
 Other contributory causes of importance:  
None

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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?.....  
 If so, specify..... No

(Signed) Philip Schuch, M. D.  
 (Address) 1703 Grand

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.

WHITE PLAIN PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 13 1944