

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

Do not use this space.

42268

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 111153  
 City St. Louis Mo. (No. 2033 E. Prairie Ave.) St. .... Ward)

File No. ....  
 Registered No. 11398

**2. FULL NAME** Albert Meinert

(a) Residence, No. 2033 E. Prairie Ave. St. 9 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 Lucelia Meinert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 7 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 187

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

13. NAME Fly Meinert

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

15. MAIDEN NAME Minnie Maes

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

17. INFORMANT Lucelia Meinert  
 (ADDRESS) 2033 E. Prairie Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE balmy DATE Dec 24 1932

19. UNDERTAKER Fly Leidner Hudso  
 (ADDRESS) 1417 N. Market St.

20. FILED 22 1932 May 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 Dec 12 1932 to Dec 20 1932

I last saw him alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 7:15 P. m.

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

Lobar pneumonia  
IIA  
108 110

Date of onset 5 days  
 7 days

Other contributory causes of importance:

Laloppe

Name of operation ..... Date of .....

What test confirmed diagnosis? Lub Was there an autopsy? W

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?.....

If so, specify (Signed) Arthur S. Snelson M. D.

(Address) 220 E. Laurent St.

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.

Dr. J. J. ...

30