

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

Do not use this space.

22123

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City St. Louis (No. Christman Hosp) St. Ward.....

File No.
 Registered No. 5885
 St. Ward.....

2. FULL NAME

(a) Residence, No. Lebanon, Ills. St. 7th Ward. Lebanon, Ills.
 (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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF John Meinhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 4

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

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

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) Lebanon Ills.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT V. J. Meinhardt
 (ADDRESS) Grand & State

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Ills DATE June 16 1934

19. UNDERTAKER Albert J. Kapp
 (ADDRESS) 429 N. Euclid

20. FILED 11 10 1934 Registrar J. Stredbeck

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1934 to 6-13 1934

I last saw her alive on 6-13 1934 Death is said to have occurred on the date stated above, at 1 P. m.

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

myocarditis Chr. Date of onset 12-11-18
930
 Other contributory causes of importance: Surgical Shock

Name of operation Femoral Artery Date of 6/12/34
 What test confirmed diagnosis? Was there an autopsy? Yes

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 V. J. Meinhardt MD.
 (Signed) Grand & State
 (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.

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