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.

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2882

Township ..... Primary Registration District No. 1003 Registered No. 103

City St Louis (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Georgia Meinhold

(a) Residence, No. 5752 De Giverville St., 5 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm Meinhold.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11 - 1864

7. AGE: YEARS 70 MONTHS 8 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.
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): Mo.

FATHER

13. NAME: Augustus Dunkel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Cynthia Taylor.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Birdie Meinhold.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE Jan 4 1935

19. UNDERTAKER (ADDRESS): Mullen Und Co. 5165 Delmar Blvd.

20. FILED JAN - 4 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934, to Jan 1, 1935
I last saw her alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 6 35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Arteriosclerosis, general	
Pulmonary Edema	
Bronchopneumonia	

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) F R Bradley, M. D.
(Address) Barnes Hospital