MAY 7 1937

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. 14385

Township ..... Primary Registration District No. 1003 Registered No. 3881

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Alfred Meintz

(a) Residence, No. 5238 Kensington Ave. St., 12 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: 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: Esther Meintz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1893

7. AGE: Years 43, Months 4, Days 28. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Morgan Trk. Co.
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.

FATHER

13. NAME: August Meinz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Louise Solomon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Esther Meintz 5238 Kensington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Bur. Pk. DATE Apr. 14, 1937

19. UNDERTAKER (ADDRESS): Akron F. U. Co. 2707 N. Grand Bl.

20. FILED APR 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1937, to April 10th, 1937

I last saw him alive on Apr. 10th, 1937. Death is said to have occurred on the date stated above, at 2:35 a.m.

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

	Date of onset
Abscess of L. Lung. Localized Empyema	2 weeks
Other contributory causes of importance: Lobar Pneumonia	3/15/37

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Name of operation: Rib resection Date of 4/10/37

What test confirmed diagnosis? (X ray) 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) Alfred Ned Vogler, M. D.

(Address) 4244 N. Florissant

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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