

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

Do not use this space.

**1. PLACE OF BIRTH**

County.....  
Township.....  
City St. Louis (No. Deaconess Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No. 18008  
Registered No. 4584  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emil C. Meckfessel,  
(a) Residence, No. 1125 Gano Avenue St. 9 Ward. \_\_\_\_\_  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney  
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) St. Louis Mo

13. NAME Henry W. Meckfessel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Agnes L. Jasper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Agnes Meckfessel  
1125 Gano Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 4, 1937

19. UNDERTAKER (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue

20. FILED MAY 4 - 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to April 30, 1937.  
I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 7:30 A. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physiologic (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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) G. Harry Ross - Brothman M. D.  
(Address) 1918 East Grand

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.

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