

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39382
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis Mo.** (d) Street No. **Washington Terrace** St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ida Meissner McKinney**

(a) Residence, No. **4 Washington Terrace** St. **12**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John E. McKinney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-5-1861**

7. AGE YEARS **76** MONTHS **7** DAYS **2** If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **house-wife**

9. Industry or business in which work was done, as 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) **Jefferson Co.** (STATE OR COUNTRY) **Iowa**

13. NAME **William C. Meissner**

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

15. MAIDEN NAME **Matilda Darlington**

16. BIRTHPLACE (CITY OR TOWN) **Zanesville** (STATE OR COUNTRY) **Ohio**

17. INFORMANT **George W. Meissner** (ADDRESS) **4 Washington Terrace.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem.** DATE **11-10-97**

19. FUNERAL DIRECTOR **Alexander & Sons** (ADDRESS) **6175 Delmar Blvd.**

20. FILED **NOV 8 1937** 19. **St. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7-37** 19

22. I HEREBY CERTIFY, That I attended deceased from **September 18, 1937**, to **November 7, 1937**

I last saw her alive on **November 7, 1937**. Death is said to have occurred on the date stated above, at **2:30 P. m.**

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

Chronic Myocarditis Date of onset **9/18/37**

Angina pectoris **1936**

Other contributory causes of importance: **Myocardial Regeneration** **1934**
Myocardial Infarction

Name of operation **None** Date of **7**

What test confirmed diagnosis? 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 **Charles H. Kuhnman** M. D.

(Signed) **Charles H. Kuhnman** (Address) **183 Calverne Ave.**

Mr. Chas. N. Gehrman
5183 Cab. Forest 1959

NOV 26 1959

STATEMENT BY LICENSED EMBALMER

I, J. Wm. Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. and or by Carl Huber, Registered Apprentice No. 1
working under my personal supervision.

Signed

J. Wm. Binkley

Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)