JAN 10 1938

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

Do not use this space.

42996

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File No. 11246

Registered No.

1. PLACE OF DEATH

County

Township St. Louis

City

Registration District No.

Primary Registration District No. City Hospital No.1

(No. , St. Ward)

C.12798

2. FULL NAME Conrad Meisel

(a) Residence, No. 954 Elias St., 8 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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ottelia Meisel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 24, 1867

7. AGE: 70 YEARS | MONTHS: 1 | DAYS: 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Jefferson City / Missouri

FATHER

13. NAME: John Meisel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Elizabeth Fuchs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Hosp. Info M. ent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE 12/8, 1937

19. UNDERTAKER (ADDRESS): Math Herman& Sons
2161 E. Fair

20. FILED 9 1938 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/1/37, 19, to 12/5/37, 19

I last saw him alive on 12/5/37, 19 Death is said to have occurred on the date stated above, at 5.10 m.

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

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Name of operation Date of

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

(Signed) E. P. Rehm M.D. / , M. D.

(Address) City Hospital No.1

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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