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 12 1938

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

791 2/1

585
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 441

(c) City St. Louis (d) Street No. #5444 No Kingshighway 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 Bertha R. Meinhardt. 563

(a) Residence, No. 5444 No. Kingshighway St. 7
(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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1874

7. AGE YEARS 63. MONTHS 5. DAYS 17. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Florist.
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 J. F. Henry Meinhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Rosa Hesli.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Fred Meinhardt. #5444 No. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Jany 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) C.R. Lupton & Sons. #4449 Olive St.

20. FILED JAN 13 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jany 13, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Jan 13, 1938
I last saw her alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance: Arteriosclerosis

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? No
If so, specify .....
(Signed) Arthur F. Stempel, M. D.
(Address) 3403 N 14

(Licensed Embalmer's Statement on Reverse Side)

Ce-7424
8-10 - 12-2
5431 N. Kingshway
Co 7716

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by V. E. Morris

L. E.

No. 3360 or by, Registered Apprentice No.

working under my personal supervision.

Signed J. T. Lupton

Licensed Embalmer No. 2122

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