

REC'D JUN 9 1938

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

16430

Do not use this space.

4291

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2933a Greer Avenue** St. **10**
 (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

Ernst W. Meisel, 240
 (a) Residence, No. **2933a Greer Avenue** St. **10**
 (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 **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) **Oct. 29, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bookkeeper**
 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) **St. Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Andrew Meisel**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Elizabeth Eikhoff**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Ernest H. Eikhoff** (ADDRESS) **2933a Greer Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **May 1, 1938**

19. FUNERAL DIRECTOR **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **MAY 10 1938** **J. F. Bruders** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1, 1937** to **May 9, 1938**
 I last saw him alive on **May 9, 1938** Death is said to have occurred on the date stated above, at **12:00 Noon** m.
 The principal cause of death and related causes of importance were as follows:

**Chronic Paralysis
Nephritis** Date of onset **2 yrs**

Other contributory causes of importance:

Amnesia Feb 3, 1938

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 **Herman L. Bretner**, M. D.

(Signed) **Herman L. Bretner** (Address) **2728 N. W. St.**

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.

STATEMENT BY LICENSED EMBALMER

I, Leland Hampton, Licensed Embalmer No. #2967

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

..... I. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Leland Hampton

Licensed Embalmer No. 2967

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.)