

CT 27 1938

DEC'D NOV 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

36778
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Carondelet
(c) City Gardenville
(d) Street No. Mckenzie Road, S. of Gravois 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 Mr. Adolph J. Meinert
(a) Residence, No. Mckenzie Road, S. of Gravois St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Registration District No. 784
Primary Registration District No. 2 FD

Registered No. 1752

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 Mrs. Rosie Beckert Meinert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Contractor
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) 1935
11. Total time (years) spent in this occupation 35 yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois
13. NAME John Meinert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville, Illinois
15. MAIDEN NAME Anna Francis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri
17. INFORMANT (ADDRESS) Mrs. Rosie Meinert
Mckenzie Rd South of Gravois
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE Oct. 28, 1938
19. FUNERAL DIRECTOR Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Ave.
20. FILED OCT 27 1938 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 A. M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset 1931
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? medical history 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 _____
(Signed) John O'Connell, M. D.
(Attorney of St. Louis County, Mo.)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed *Thos. J. Berdornick*
Licensed Embalmer No. *506*

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.)