

REC'D FEB 10 1939

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

536

Do not use this space.

536

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **4221 North 20th Street** St. **9**  
(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

**256** JOSEPH MEIXNER,  
(a) Residence, No. **4221 North 20th Street** St. **9**  
(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) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie Meixnerb (Vietmeier)**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 16, 1881**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**57 0 30**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Former City Employ**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Data 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 **Charles Meixner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria**

MOTHER 15. MAIDEN NAME **Mary Weber**

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

17. INFORMANT (ADDRESS) **Mrs. Annie Meixner 4221 North 20th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary Jan. 18, 1939**

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

20. FILED **JAN 17 1939** **J. B. Beck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15, 1939** to **Jan 15, 1939**  
I last saw him alive on **Jan 15, 1939** Death is said to have occurred on the date stated above, at **4:30 A. M.**  
The principal cause of death and related causes of importance were as follows:

*Coronary Atherosclerosis  
Hepatic Cirrhosis  
Nephritis Chronic*

Date of onset

Other contributory causes of importance:

Name of operation **131** 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 .....  
Cause of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) **E. Murray Ross** **Brooklyn, N. Y.**  
(Address) **10918 East Grand**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110* C

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**