

REC'D MAR 13 1939

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

4704
Do not use this space.791
1003

Registered No. 1397

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Desloge Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- (a) Residence, No. 4233 Swan St. 18
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Meisner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1902</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>7</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Bowling Alley</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Employee</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	13. NAME <u>Ferdinand Meisner</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Anna Schriewer</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Pauline Meisner</u> (ADDRESS) <u>4233 Swan Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Peter & Paul</u> DATE <u>2-14-39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Thomas Martini</u> (ADDRESS) <u>4104 Manchester</u>		
20. FILED <u>FEB 13 1939</u> Local Registrar. <u>J. B. Beck</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1938, to Feb. 11, 1939I last saw him alive on Feb. 11, 1939. Death is saidto have occurred on the date stated above, at 9-1 m.

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

Congestive heart failure due to adhesive fibrous pericarditis

Hypertensive Card. Vase dis.
Cirrhosis of Liver

Diabetes
but present since 7/8/38

Other contributory causes of importance:

Hypertensive Card. Vase dis.
Cirrhosis of Liver

Name of operation..... Autopsy 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? No

If so, specify.....

(Signed) E. O. Brown, M. D.(Address) 1325 P. Grant

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 *Edwin D. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.