

REC'D APR 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

8403

Do not use this space.

Registered No. 2168

1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
 (b) Township..... 1 Primary Registration District No.....
 (c) City..... St. Louis (d) Street No. 2930 Geyer Ave., 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

- (a) Residence, No. 2930 Geyer Ave. St. 17
 (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman C. Meister		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1870		
7. AGE	YEARS 68	MONTHS 6
	DAYS 7	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME	
	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, Mo. (STATE OR COUNTRY)		
FATHER	13. NAME George Schlosstein	
	14. BIRTHPLACE (CITY OR TOWN) Albesheim, Germany (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Mary Silberg	
	16. BIRTHPLACE (CITY OR TOWN) Cleveland, Ohio. (STATE OR COUNTRY)	
17. INFORMANT Augusta Schlosstein (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE March 7, 1939		
19. FUNERAL DIRECTOR (NAME) C. R. LUPTON AND SONS (ADDRESS) 7233 Delmar Blvd.		
20. FILED MAR 6 1939 J. P. Beck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1938, to March 5, 1939

I last saw him alive on March 5, 1939. Death is said

to have occurred on the date stated above, at 8:20 a.m.

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

myocarditis & coronary occlusion

Date of onset

2/16/38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. A. Schlosstein, M. D.

(Address) 3133 Longfellow Blvd.

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.....

Clarence H. Murray

Licensed Embalmer No. *4011*

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.