

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41747  
Registrar's No. 10870

Registration District No. 7001  
JAN 19 1940

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1008 JAN 12 1940  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3929a N. 20th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nil  
In this community 45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 26  
(d) Street No. 3929a N. 20th St.  
(e) If foreign born, how long in U. S. A.: 45 yrs. years.

3. (a) PRINT FULL NAME Maria Meilert 463  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 19  
year 1939 hour 2 minute 10 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry Meilert  
6. (c) Age of husband or wife if alive Nil years  
7. Birth date of deceased Sept. 22 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 15<sup>th</sup> 1939 to Dec. 19 1939  
that I last saw her alive on Dec. 18<sup>th</sup> 1939  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>27</u>	hr. min.

Immediate cause of death Acute Bronchitis 5 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

Other conditions Chronic Myocarditis 10 yrs.  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Unknown Laube  
13. Birthplace Unknown Germany  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Maria Meilert  
(b) Address 3929 N. 20th St.  
17. (a) Burial (b) Date thereof Dec. 22 1939  
(c) Place: burial or cremation S. S. Peter & Paul

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Edwin J. Galab  
(b) Address 2934 N. 20th St.  
19. (a) DEC 20 1939 (b) \_\_\_\_\_  
(Date received local registrar)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Edwin J. Galab (M. D. or other) M.D.  
Address 3635 N. Benton Date signed 12/21/39

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

Geo. P. Schubert, Registered Apprentice No. ....  
working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5718<sup>9</sup> N. Kingshighway

**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.