

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

Registrar's No.

3181

Registration District No. 791

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis,

(c) Name of hospital or institution: Lutheran Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 days  
(If not in hospital or institution, write street number or location)

In this community \_\_\_\_\_  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME JOSEPHINE MEINBERG 516

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female race White

5. Color or race \_\_\_\_\_

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philip

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. 20 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>2</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Schehle

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

14. Maiden name Dont know.

15. Birthplace Dont know.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Philip Meinberg

(b) Address 3628 Virginia Ave.

17. (a) Burial (b) Date thereof Apr. 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. H. ...

(b) Address 2842 Keramec St.

19. (a) APR 5 1940 (b) J. ...  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis, Mo. 76  
(If outside city or town limits, write "RURAL")

(d) Street No. 3628 Virginia Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4. 2, 1940, to 4. 4, 1940  
that I last saw her alive on 4. 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to General Peritonitis 48h.

Due to Resphered gastritis 48h.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Subura 3

Of operations Resphered gastritis

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Largene A Vogel (M. D. or other) M.D.

Address 3325 S. Bond Date signed 4. 5. 40

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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 ME  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Lionel E. Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.  
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.**