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No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16795

State File No. \_\_\_\_\_

JUN 15 1940 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4273

1. PLACE OF DEATH:

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

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days  
(Specify whether \_\_\_\_\_)

In this community Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3304a Cherokee  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Meinhardt 563

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 30, 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business Ost Plumbing Co. about 2 years

12. Name Michael Meinhardt

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

14. Maiden name Unknown

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

16. (a) Informant Anna Meinhardt

(b) Address 3304a Cherokee St.

17. (a) Burial (b) Date thereof 5/14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderte

(b) Address 2331 S. Broadway

19. (a) MAY 14 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11, year 1940 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from April 16, 1940 to May 11, 1940; that I last saw him alive on May 11, 1940; and that death occurred on the date and hour stated above.

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

Due to Abdominal Hodgkins (Lymphomas)

Due to Peritonitis malignant

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Lymphomas of abdomen

Of operations: Hodgkins Disease

Of autopsy: Same as peritonitis

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 David Heiner (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 5/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address W. Lauder

**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.**