No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40716

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10487

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4522 Lindell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 4522 Lindell (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Laura Mesritz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex White
5. Color or race Female
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 30 (Month) 1855 (Year) (Day)

8. AGE: Years 85 Months --- Days 20 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country) 1
10. Usual occupation Book Keeper Retired 7
11. Industry or business 7
MOTHER FATHER
12. Name Barney O. Mesritz
13. Birthplace Holland (City, town, or county) (State or foreign country) 7
14. Maiden name Anna Littauer
15. Birthplace Halland (City, town, or county) (State or foreign country)
16. (a) Informant 5760 Kingsbury H. Mesritz
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery
18. (a) Signature of funeral director H. Rindskopf
(b) Address 5215 Delmar
19. (a) DEC 21 1940 (Date received local registrar) (b) L. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1940 hour 12 M minute ____ M.

21. I hereby certify that I attended the deceased from Dec 16, 1940 to Dec 20, 1940 that I last saw her alive on Dec 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	?
Chr Nephritis	?
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
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) No.
(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? (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature James A. Larsen (M. D. or other) MD
Address Wall Bldg Date signed 12-20-40

(Licensed Embalmer's Statement on Reverse Side)

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. 3830

working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. ~~3544~~ 3830

P. O. Address 5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.