

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20242**  
**5054**  
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 115  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6242 Southwood,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th  
year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from.....  
Feb. 4 1941 to June 18 1941;  
that I last saw her alive on June 18 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
metastatic carcinoma  
secondary to carcinoma  
Due to of breast ca 1941.

Due to.....  
Other conditions  
(Include pregnancy within 3 months of death) 50

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).....  
(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 5  
23. Signature Edwin P. Weiner (M. D. or other)  
Address 6601 Enright Date signed 6/18/41

3. (a) PRINT FULL NAME BETTINA KREBS MEYSENBURG,

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Emil A. Meysenburg 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 19, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>29</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.....

12. Name Dr. Hugo Krebs.

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

14. Maiden name Mathilde Van den Bergh

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

16. (a) Informant H.K. Meysenburg.

(b) Address 6242 Southwood,

17. (a) Cremation (b) Date thereof 6-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7235 Delmar, Blvd.

19. (a) JUN 20 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

6651 Enright  
Hrs. 1-3 P.M.  
CA-5042

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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 *Clarence A. 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, fact should be so stated above.**