

FILED AUG 28 1941 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5671

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:
Central Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 In this community Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4359 College Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frances Meixner
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6th
 year 1941 hour 3:15 PM minute _____ M. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John G. Meixner
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased January 23, 1877
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1941 to July 6 1941
 that I last saw her or alive on July 6 1941
 and that death occurred on the date and hour stated above
 Immediate cause of death Carcinoma of liver & stomach Duration _____

8. AGE: Years 64 Months 5 Days 13 If less than one day _____ hr. _____ min.

Dis. to Carcinoma of liver & stomach
 Primary site unknown
 Due to _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name F.W. Stoepplmann

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

14. Maiden name Mary Baur

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

16. (a) Informant John Meixner

(b) Address 4359 College Ave

17. (a) Burial (b) Date thereof 7/9/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 9 1941 (b) J. T. Brudock
 (Date received local registrar) (Registrar's signature)

Other conditions Carcinoma of liver, stomach & pancreas
 (Include pregnancy within 3 months of death)
 Major findings: occlusion of pylorus, carcinoma with small nodes of liver atelectasis
 Of operation _____
 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? _____

(Specify type of place) _____
 While at work? _____ (c) Means of injury _____

23. Signature Wm. A. Knight (M. D. or other) D
 Address 820 N. Broadway Date signed 7-8-41

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

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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 William G. Buchholz
Licensed Embalmer No. 2110
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.