

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33245
Registrar's No. 8200

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 2 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Le May Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 600 Bellsworth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Meister
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10th
year 1941 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from Oct 3, 1941 to Oct 10 1941
that I last saw her alive on Oct 10, 1941
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color of race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Geo. Meister
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Cardio-Vascular, Renal disease
Chymia nephritica
Sunday Avenue
Diabetes
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

7. Birth date of deceased Nov. 16 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 26 _____ hr. _____ min.

9. Birthplace Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation House Work
At Home

11. Industry or business Jacob Rick

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

14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Meister
(b) Address Le May Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13/41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und Co.
(b) Address 7420 Michigan Ave.

19. (a) OCT 15 1941 (Date received local registrar)
(b) J. F. Budick (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
61
59

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)
(c) Means of injury _____

23. Signature J. A. Gravelle (M. D. or other)
Address 5521 P. Duway Date signed 10/11/41

Dr. Graneto
5521 Sbdway

8200

0028

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 *Oliver E. Rendler*.....

Licensed Embalmer No. 4148.....

P. O. Address 744 LeMay Ferry Rd......

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.