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

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. 42889

DEC 31 1941

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2574

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4601 Carson Road.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME HARRY H. MEIXNER.

3. (b) If veteran, name war None

3. (c) Social Security No. 492-10-5542

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mamie Meixner.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 30, 1893. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	4	17	hr. min.

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

10. Usual occupation Cement worker.

11. Industry or business unemployed.

FATHER
12. Name Ernst Meixner.
13. Birthplace ? (City, town, or county) 4 Germany. (State or foreign country)

MOTHER
14. Maiden name Minnie Lyndhurst.
15. Birthplace ? (City, town, or county) 4 Germany. (State or foreign country)

16. (a) Informant Mr. Harry Meixner.
(b) Address 6207 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) DEC 19 1941 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th.
year 1941 hour 11 minute 35 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural causes.	
Due to Pulmonary and intestinal tuberculosis, advanced.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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? (e) Means of injury 3

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 12/19/41 Date signed

(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 3454 David E. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L

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

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