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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. 610

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 397

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:
4401 Beethoven Ave
(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:

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(a) State Missouri (b) County 15

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 4401 Beethoven Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaretha Meitz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore A. Meitz

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

7. Birth date of deceased July (Month) 13 (Day) 1866 (Year)

8. AGE: Years 75 Months 5 Days 30 If less than one day hr. min.

9. Birthplace Racine (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Julius Hoffmann
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs Martha M. Grimm
(b) Address 4401 Beethoven Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) JAN 14 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 12th
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 25, 1941, to Jan 12, 1942, that I last saw her alive on Jan 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to

Due to

Other conditions Arterio-Sclerosis
(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)
(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

23. Signature Walter J. Mellies (M. D. or other)
Address 3825 No. 20th Date signed 1/14/42

(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.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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, above space should be left blank.