

FILED APR 8 1942 91

Registration District No.

Primary Registration District No. 100

Registrar's No.

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:
5511 Easton 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:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5511 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA MEIHOFFER.

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 John Meihofer. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July 24, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Frank Fredrick.

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

14. Maiden name Anna Miller.

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

16. (a) Informant Mrs. Margaret Swope.

(b) Address 5511 Easton Ave.

17. (a) Burial (b) Date thereof 2-16-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 15 1942 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th.
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 9 1941 to Nov 18 1941;
that I last saw her alive on March 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute insufficiency

Due to [Signature]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J. M. Feldman (M. D. or other)

Address 5531 [Signature] Date signed March 13 1942

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

Dr.L. M. Feldaker.
5531 Easton Ave.
Hours 3.30 to 5.30 P.M.
Forest 9606

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 C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. No.

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.