

Registration District No. 787

Primary Registration District No. 117

Registrar's No. 703

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
835 Tuxedo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Web. Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 835 Tuxedo  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Caroline Meinhardt

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Meinhardt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 22, 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Herman Hulsman

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

14. Maiden name Henrietta Delbugge

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

16. (a) Informant Alma Buesse

(b) Address 835 Tuxedo

17. (a) Burial (b) Date thereof 3-28-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 27 1942 (b) C. H. Me...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1942 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from 4/25/41 19 to 3/26/42 19  
that I last saw h. ER alive on 3/25/42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3/20/42

Due to Chronic hypertension

Due to \_\_\_\_\_  
Other conditions Spinal  
(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 Arthur W. Westray (M. D. or other) \_\_\_\_\_  
Address W. H. Jones Date signed 3-27-42

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

96  
1  
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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.....

*J. P. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**