

FILED SEP 8 1942  
Registration District No. 1784

Primary Registration District No. 200

Registrar's No. 1686

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
7051 Ashland Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7051 Ashland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Louise Meckfessel

3. (b) If veteran, name war No

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 Wm. Shrist Meckfessel

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

7. Birth date of deceased September 13, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |    |    |                      |
|----|----|----|----------------------|
| 55 | 10 | 26 | _____ hr. _____ min. |
|----|----|----|----------------------|

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

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name Theodore Repp

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Schengber

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estelle McCrea

(b) Address 7051 Ashland Ave.

17. (a) Burial (b) Date thereof Aug. 11, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge St. Louis, Mo.

19. (a) AUG 10 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th  
year 1942 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1936 to Aug 8 1942  
that I last saw her alive on Aug 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

chronic Endocarditis

Due to Diabetes mellitus

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 61

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 D. A. Pherson (M. D. or other) aug 8-42  
Address 31214 Edward Date signed \_\_\_\_\_

200 Mrs. Jones  
Grandmother of John

**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.....

John A. Mlinar....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. Mlinar.....

Licensed Embalmer No. 4186.....

P. O. Address, St. Louis Mo......

**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.**