

FILED NOV 6 1942
Registration District No. 106

Primary Registration District No. 106 La 5883

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
1001 Grandview Drive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Year 6 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1001 Grandview Drive, Kirkwood, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Rosie Meinert

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 th
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10/16 1942, to 10/25 1942
that I last saw her alive on 10/23 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Mr. Adolph J. Meinert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13 1879
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis with dilatation & decomposition Duration 2 wks.

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

63 8 12 _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Chronic nephritis & pyelitis
(Include pregnancy within 3 months of death)

9. Birthplace Dubois Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Mr. Sebastian Beckert

13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Marie Hess

15. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

16. (a) Informant Miss Loretta Meinert

(b) Address 1001 Grandview Dr., Kirkwood, Mo.

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

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Reiderwieden Funeral Home, INC. (Specify type of place) _____
While at work? _____ (c) Means of injury _____

19. (a) OCT 27 1942 (b) C. D. Mc Gowan (M. D. or other) _____
(Date received local registrar) (Registrar's signature) Address Kirkwood, Mo. Date signed 10/25/42

Pa 5678

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 Thos. A. Beiderwieden

Licensed Embalmer No. 506

P. O. Address St. Louis, Missouri

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.