. S. No. 2
DM—5-42
v. 5-12-39
I X12079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41980

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2887

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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 Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bethesda Home 1001 Big Bend Rd. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 7

(c) City or town Webster Groves. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1001 Big Bend Rd.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Lillie Meisner.

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 2

6. (b) Name of husband or wife Late George Meisner.

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

7. Birth date of deceased August 24 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	7	..... hr. ..... min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid.

11. Industry or business .....

FATHER
12. Name Charles Marlow
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Groos.
(b) Address 4000 N. Market St.

17. (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 6 - 1943 (b) C. H. McGarran MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July — 1942, to ~~Jan~~ Dec 31, 1942 that I last saw her alive on Dec 31st, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (Rt)	1 da
Due to Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 P

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature O. Grabaugh (M. D. or other) MD
Address Webster Groves Mo Date signed 1-3-43

(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. Norman L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.