

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

30201

State File No. _____

Registrar's No. **8537**

FILED OCT 2 - 1943 18
Registration District No. _____

Primary Registration District No. _____

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

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:
Residence: 5653 Waterman Ave.
(If not in hospital or institution, write street number or location)

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

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. 5653 Waterman Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME GENE MEENACH.

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1943 hour 6:30 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 4th 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10
1943 to Sept 20 1943
that I last saw her alive on Sept 25 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>21</u>	_____ hr. _____ min.

Immediate cause of death Myocarditis (chronic)
Coronary Thrombosis

Due to Extreme Obesity 10 yrs

Due to Phlebitis Acute 6 wks

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

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

Major findings: 93

Of operations _____

Of autopsy _____

10. Usual occupation School Teacher.

11. Industry or business Cleveland High School.

MOTHER FATHER

12. Name George Meenach.

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

14. Maiden name Maude Saunderson.

15. Birthplace St. Joseph, Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Gould Meenach.

(b) Address 5653 Waterman Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 28/43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

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? _____

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) SEP 27 1943 (Date received local registration)

(b) J. F. Brudack (Registrar's signature)

23. Signature J. F. Brudack (M. D. or other) _____

Address 4500 Olive St Date signed SEP 27 1943

Feister Body,
2-4 P.M.
RO - 2866

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.