

FILED SEP 8 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7558

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:
5149 Minerva Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME Anna Meinert

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

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

6. (b) Name of husband or wife John Meinert
6. (c) Age of husband or wife if alive, years Dead

7. Birth date of deceased Feb 11 Th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 ----- 6 -- 19 - hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
12. Name Casper Esphorst
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Angela Grimm
(b) Address 5143 Terrstr 1944

17. (a) Burial (b) Date thereof sep 2 d
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Cook

(b) Address 3516 N, 14 Th Str

19. (a) SEP 1 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5149 Minerva Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day August
year 1944 hour minute 1A M.

21. I hereby certify that I attended the deceased from January 20th 1943 to August 30th 1944
that I last saw her alive on August 29th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Cholecystitis Duration 5 days
Due to Cholelithiasis 5 years
Due to Arterio Sclerosis 5 years

Other conditions (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?

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

23. Signature J. Gallagher (M. D. or other)
Address 3903 Olive Date signed 8/31/44

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

NOV 27 1949

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 *Howard P. Rowland*

Licensed Embalmer No. *3114*

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.