S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39611

Registrar's No. 10529

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 0
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") 14

(d) Street No. 5247 Miami St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catherine Meisinger

3. (b) If veteran, name war ********

3. (c) Social Security No. **********

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased August 14 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Michael Sheehy
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Quinlan
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant George Meisinger Jr
(b) Address 5247 Miami St

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Tiegenhain Bros
(b) Address 6409 Gravois Ave

19. (a) DEC 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day December
year 1944 hour 1:59 minute P. M.

21. I hereby certify that I attended the deceased from November 30th, 1944 to Dec 8, 1944
that I last saw her alive on Dec 8th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 4 yrs

Due to Arterial Sclerotic Hypertension — Duration 4 yrs

Due to Cardiac Disease

Due to to my knowledge

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

61

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 [illegible] M.D. (M. D. or other)
Address 945 Mo Trust Bldg Date signed 12/10/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Schuler
Mo Theatre Bldg
Je-0100

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 Homer W. Fritz

Licensed Embalmer No. 3882

P.O. Address .....

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.