

7. S. No. 2  
FORM-5-43  
rev. 5-17-39  
I X35671

State File No. 11559  
Registrar's No. 3559

DECEASED MAY 3 1945

Registration District No. 818 Primary Registration District No. L100

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3442 Minessota  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... COO

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

(d) Street No. 3442 Minessota Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Catherine (KATE) MEISEMANN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1945 hour 10 45 minute..... M.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
Edward Meisemann alive..... years

7. Birth date of deceased July 11 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Mar. 11 1945, to Apr. 20 1945  
that I last saw her alive on Apr. 19 1945  
and that death occurred on the date and hour stated above.

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

76 9 9 hr. min.

Immediate cause of death.....  
Chronic myocarditis

Due to.....

Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace ST LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

Major findings:  
Of operations.....

Of autopsy none

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

MOTHER FATHER {

12. Name Valentine Zintel

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

14. Maiden name Margaret Hartung

15. Birthplace Germany  
(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) no

(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?

16. (a) Informant Adele Meisemann

(b) Address 3442 Minessota Ave

17. (a) Burial (b) Date thereof 4/23/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

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

23. Signature Wm. B. Nye (M. D. or other)  
Address 2921 Brown's Park Date signed 4/24/45

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2906 Gravois Ave.

19. (a) APR 22 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**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 Lutus*

Licensed Embalmer No.....

*1119*

P. O. Address.....

*2906 Gravois*

**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.**