. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21308

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1210

6
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1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
564 Bedford Ave. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 2

(c) City or town University City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 564 Bedford Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edith L. Kutzscher

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 Widowed 2

6. (b) Name of husband or wife Alfred P. Kutzscher

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

7. Birth date of deceased Sept (Month) 16th (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	8	7	hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Henry Meckfessel
13. Birthplace (City, town, or county) Germany (State or foreign country) 0

MOTHER
14. Maiden name Anna Louise Moenkeman
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Clara L. Meckfessel
(b) Address 564 Bedford Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 25 1945 (Date received local registrar) (b) E. G. McGauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd.
year 1945 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 15, 1945, to May 22, 1945
that I last saw her alive on May 22, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of breast c̄ metastases	5 yrs?
Due to	
50	
Due to	
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 Geo. W. Ittner (M. D. ~~or other~~) 0

Address 901 Beaumont Bldg. Date signed 5-24-45

(Licensed Embalmer's Statement on Reverse Side)

Mr. [redacted] W. [illegible]
3720 Hickington Bank
1-3

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 Warren A. Carver

Licensed Embalmer No. 3534

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.