

S. No. 2
DOM-2-43
ev. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22160**
Registrar's No. **6224**

FILED JUL 28 1945
818

L 1008

Registration District No. Primary Registration District No.

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:
3848 Penrose St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Amelia Klasing
3. (b) If veteran, name war..... None
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.....
6. (c) Age of husband or wife if alive.....
7. Birth date of deceased..... September 15, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 6 hr. min.

9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation..... At home

MOTHER FATHER

11. Industry or business.....
12. Name..... Henry Meckfessel
13. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Agnes Jasper
15. Birthplace..... Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs William Rumpf
(b) Address..... 3848 Penrose St.
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof..... 7/24/45
(Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son
(b) Address..... 2161 East Fair Ave
19. (a) JUL 23 1945
(Date received local registrar) (b) J. F. Brenek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis 17 10
(If outside city or town limits, write "RURAL")
(d) Street No..... 3848 Penrose St. 9
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... July day..... 21
year..... 1945 hour..... 12:30 AM minute..... M.

21. I hereby certify that I attended the deceased from many
years 19..... to July 20, 1945
that I last saw her alive on July 20, 1945
and that death occurred on the day and hour stated above.

Immediate cause of death..... Carcinoma of Breast.
Due to..... Carcinoma of Breast.

Due to.....
Other conditions..... 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature..... Curry R. R. Ruppel (M. D. or other) MD
Address..... 1918 E. Grand Ave Date signed..... 7/24/45

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

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

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 William A. Burkholz
Licensed Embalmer No. 21403
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.