

FILED AUG 3 1945 **818**

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6530

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

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:
2820a Texas Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 63 years
years, months or days

3. (a) PRINT FULL NAME Arthur A. Meisenbach
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Angeline Osterman 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased October 2, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Elevator Operator

11. Industry or business Real Estate Company

MOTHER FATHER
 12. Name William Meisenbach
 13. Birthplace Aachen, Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Reinders
 15. Birthplace Osnabruck, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Angeline Meisenbach
 (b) Address 2820a Texas

17. (a) Burial (b) Date thereof July 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
 (b) Address 1936 St. Louis Ave.

19. (a) JUL 26 1945 (b) J. F. Brasel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2820a Texas
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 25, year 1945 hour 4: minute 10 A.M.

21. I hereby certify that I attended the deceased from May 10th, 1944 to July 25th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Heart
 Due to Chronic Rheumatism

Other conditions for
(Include pregnancy within 3 months of death)

Major findings: 92
 Of operations _____
 Of autopsy _____

Duration 2 years
5 yrs.
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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Albert Reischbach (M. D. or other) Dr. RD
 Address 3606 Garris St. Date signed 7/25-45

Dr. Albert Beisbarth,
3606 Gravois
10-1:4-5

Separate Cert. filed

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.....

Licensed Embalmer No.....

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.