

FILED MAY 17 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4288**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Good Samaritan Home, 4500 Washington Blvd.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 Yrs.**
(Specify whether
In this community **63 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Barbara Meglitsch**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Martin Meglitsch** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **June 10, 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 11 2 hr. min.

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

10. Usual occupation **None**

11. Industry or business

12. Name **Anton Ritter**

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

14. Maiden name **Paulina Grob**

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

16. (a) Informant **Mrs. Matilda Taylor**

(b) Address **820 Hamilton Ave.**

17. (a) **Burial** (b) Date thereof **May 14, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral**

(b) Address **4228 Natural Bridge Blvd.**

19. (a) **MAY 13 1946** (b) **J. F. Bergman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(If outside city or town limits, write "RURAL")
(c) City or town **St. Louis**
(d) Street No. **4500 Washington Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12th**
year **1946** hour **3:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mar 15**, 19**46**, to **May 12**, 19**46**.
that I last saw her alive on **May 7**, 19**46**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **93**

Due to **93**

Other conditions **Uterine Fibroid.**
(Include pregnancy within 3 months of death) **Attn. ineligibility**

Major findings: Of operations **PHYSICIAN**

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 **J. F. Bergman** (M. D. or other)

Address **3720 Washington** Date signed **5/13/46**

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.....

Ralph Linders

Licensed Embalmer No. *4275*

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.