

FILED JUN 20 1946

Registration District No. **1003**

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:
5219 Bonita Ave
(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)

3. (a) PRINT FULL NAME **Emma L. Meissner**

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

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..... years

7. Birth date of deceased **September 17 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 22 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Bauer** 4
13. Birthplace **Germany** (City, town, or county) (State or foreign country) 4
14. Maiden name **Louise Pilgrim**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) 4

16. (a) Informant **Louise Raper**

(b) Address **5219 Bonita Ave**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **June 3 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery Alton Ill**

18. (a) Signature of funeral director **Regenhem Bros**

(b) Address **6409 Gravois Ave**

19. (a) **JUN 3 1946** (Date received local registrar) **J. T. Bredeh** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5219 Bonita Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1st** day **June**
year **1946** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 16**, 19**46**, to **June 1**, 19**46**;
that I last saw her alive on **May 30**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Perniciou anemia 9 gm**

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

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

Duration
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 **Edmond Promat** (M. D. or other)
Address **1504 50 Grand** Date signed **6-2-46**

1933
Ohio
No. 3882

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No. 3882

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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 *Homer W. Tuttle*
.....
Licensed Embalmer No. *3882*
.....
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.