S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 25839

Registrar's No. 6699

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community

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. 3 6223 Southwood
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Hulda Meinholtz

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: Single

6. (b) Name of husband or wife

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

7. Birth date of deceased: October 6, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	9	8	hr. min.

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

10. Usual occupation: House work

11. Industry or business

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Mr. T. A. Oberhelmann

(b) Address: 1852 Switzer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/17/47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: Math Hermann & Son Inc.

(b) Address: 2161 East Fair Ave

19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1947 hour 2:49 PM minute M.

21. I hereby certify that I attended the deceased from August 30, 1927, to July 14, 1947, that I last saw alive on July 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative heart disease	7 yrs
Acute failure	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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: [illegible] (M. D. or other)

Address: 3651 Grandel Sq. Date signed: 7-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.