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5-17-39  
-1 X47070

26307

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1070

FILED AUG 9 1947

Registration District No. 2 Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
601 CLARK AVE NONE  
(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) 4 YRS

3. (a) PRINT FULL NAME CARL GÖSTA MEFFERT

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CATHERINE MEFFERT

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased JUNE 17 1898  
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 4 If less than one day hr. min.

9. Birthplace: UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)

10. Usual occupation REPRESENTATIVE

11. Industry or business DOHO CHEMICAL CO.

12. Name PER NILSON MEFFERT

13. Birthplace UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)

15. Birthplace UNKNOWN SWEDEN  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Meffert

(b) Address 601 Clark Webster Groves Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-23-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Kathala Crematory

18. (a) Signature of funeral director Parker Und Co

(b) Address Webster Groves Mo.

19. (a) 7-24-47 (Date received local registrar) (b) Cecilia J. Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")

(d) Street No. 601 CLARK  
(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 21  
year 1947 hr. 2 minute — A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to July 21, 1947;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration order

Due to Coronary Arter. Sclerosis

Due to 940

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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) none

(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 Francis P. Bantz (M. D. or other) MD

Address 132 N. One Webster Groves Date signed 7/21/47

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

MOTHER FATHER

MAR 1 1948

AUG 13 1947

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.....

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Walter Groves M*

**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.