

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2311 Cass Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 47 yrs.  
years, months or days (Specify whether)

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. 2311 Cass Ave.  
20 (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Margaret Meerholz

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 Widow  
6. (b) Name of husband or wife Charles Meerholz 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Sept. 18 1959  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>20</u>	<u>None</u>
				hr. min.

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

10. Usual occupation House work

11. Industry or business At. Home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Anna Peterson

(b) Address 2309 Cass Ave.

17. (a) Burial (b) Date thereof Feb 10 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Brookland Trust Co.

(b) Address 1827 Hogan St.

19. (a) FEB 9 1948 (b) J. F. Breeseck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th  
year 1948 hour 12:50 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 26, 1948 to Feb. 8, 1948  
that I last saw her alive on Feb. 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Due to Generalized arteriosclerosis 15 yrs.  
Due to.....

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

Major findings:  
Of operations none

Of autopsy none

Duration  
2 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) Means of injury.....

23. Signature M. D. Johnson (M. D. or other) M.D.  
Address Ferguson Mo Date signed 2/9/48

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

MOTHER FATHER

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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..... *Edwin R. Sadwell* .....

Licensed Embalmer No..... *4077* .....

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.**