No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6758 ~~2398~~

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3534 Olive St. 4
(If rural, give location)

Memorial 21 0

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD MEISENBACH

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 2 (Day) 1870 (Year)

8. AGE: Years 77 Months 9 Days 5 If less than one day br. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Gustave Meisenbach 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Emma Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Alice Grimes
(b) Address Route 4, Box 933a, Baden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1948 hour 7 minute 04 A M.

21. I hereby certify that I attended the deceased from 3/1/48, 19, to March 7th, 1948; that I last saw him alive on March 7th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 2 years

Due to c generalized metastases

Due to

Other conditions
(Include pregnancy within 3 months of death) 5

Major findings:
Of operations

Of autopsy As above

Duration

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) 0

While at work? (e) Means of injury

23. Signature Robert L. Albert (M. D. or other) M.D.

Address 1515 Lafayette Date signed 3/8/48

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.