FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21150

FILED JUN 28 1948 818
Registration District No.

Primary Registration District No. 1003

Registrar's No. 5351

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — 3 hrs (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0-0-0

(c) City or town St. Louis Mo 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4563 Ruskin 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Raymond J. Meinert

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 498-07-8270

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Louise Dickherber

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct (Month) 31 (Day) 1896 (Year)

8. AGE: Years 51 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Dardenne, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Amer Brake Shoe Co

FATHER
12. Name Fred Meinert
13. Birthplace St. Louis, Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theresa Schroer
15. Birthplace St. Paul Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Dickherber
(b) Address 2443 Petrova Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Edw Kocht Son
(b) Address 3516 N. 14th - St. Louis

19. (a) JUN 12 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th, year 1948 hour 7:15 minute P M.

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

Immediate cause of death Internal hemorrhage from laceration of both lungs. External hemorrhage, Compound fractures; when the deceased was making a repair on a Mulling machine, and one Robert Boyd turned the master switch, at the American Brake Division of the Southern Wheel Co., 3300 Goodfellow Ave., around 4:05 P.M. June 10, 1948. ACCIDENT.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/5

Of autopsy 11

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) Accident 0-0-0

(b) Date of occurrence 6-10-1948

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? industry
(Specify type of place)

While at work? yes (e) Means of injury see above

23. Signature Patrick E Taylor (M. D. or other)

Address Deputy Coroner 3 Date signed 6-11-48

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 Ronald O. Jahnke

Licensed Embalmer No. 3917

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.