

National Office of Vital Statistics  
FILED JUL 15 1948

Registration District No. 312

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2633a Indiana Ave.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3: (a) PRINT FULL NAME Elizabeth Meissert

3: (b) If veteran, name war --  
3: (c) Social Security No. ---

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jacob  
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 2 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 3  
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name William Puschmer

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

14. Maiden name Mary Fey

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

16. (a) Informant Mayme Schirmer

(b) Address 2633a Indiana Ave.

17. (a) Burial (b) Date thereof 7/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. St. Marcus Cemetery

18. (a) Signature of funeral director Macken - Weltere  
(b) Address 3634 Gravois Ave.

19. (a) JUL 6 1948 (b) J. F. Baedera  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2633a Indiana Ave.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from June 1948 to July 5 1948  
that I last saw her alive on July 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of uterus  
Due to: applied by ret. side  
Due to: Hypertension and Benignity  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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

While at work? (Specify type of place) (c) Means of injury  
23. Signature: J. F. Baedera (M. D. or other)  
Address: 3634 Gravois Ave. Date signed

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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 *Felix J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address. *3634 Gravois*

**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.**