. No. 2
—1/47-
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42096

FILED DEC 31 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:
(a) County St Louis Co
(b) City or town ~~St. Louis~~ Mo. Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4231 E Holly 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Theresia Meinert
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife August C. Meinert
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov (Month) 12 (Day) 1872 (Year)

8. AGE: Years 76 Months — Days 29 If less than one day hr. min.

9. Birthplace St. Libory Ill 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Lipsmeier
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Rebekemeier
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mary Feise 1
(b) Address 4231 Holly Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Edw. Koch & Son
(b) Address 3516 North 14th
19. (a) 12-13-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1948 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from On -10-8-48
10-9-1948, 19, to 12-9-48, 19;
that I last saw her alive on 12-9-1948, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10/8/48
Due to Chr Cardiac - Vascular Renal disease -	?
Due to Hypertension Cerebral apoplexy Rt.	?
Other conditions Hemiplegia left. (Include pregnancy within 3 months of death)	10/1/48
Major findings: Of operations	10/1/48
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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Died in the Home of the Incurables.

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)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 3734 - Jennings Rd. Date signed

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis

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.