

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8802

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>11</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luthern Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3946 Tholozan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles E.</u> b. (Middle) _____ c. (Last) <u>Meinecke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 30 1979</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Gebert</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Helen Meinecke 3946 Tholozan</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>chronic mitral endocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 years</u> <u>20 years +</u> <u>7 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>11702 292 St</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2H#</u>			
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22. I hereby certify that I attended the deceased from Mar 2 1976 to Oct 11 1949, that I last saw the deceased alive on Oct 10 1949, and that death occurred at 7:30AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Burchard W. W. W. W.</u>		23b. ADDRESS <u>6006 Virginia Ave</u>		23c. DATE SIGNED <u>10-12-49</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mathews Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
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DATE REC'D BY LOCAL REG. <u>OCT 13 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Franke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle 3819 S. Grand Blvd</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed George P. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.