

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11343

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 658

4003

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

| | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | c. LENGTH OF STAY (In this place) <u>D.O.A.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2169</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute St.L.Co.Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>4067 Hartford St.</u> | |

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|----------------------------------------|------------------------|---------------------------|----------------------------|------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>JOSEPH</u> | c. (Last) <u>MEINHARDT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1950</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>Jan. 27, 1900</u> | 9. AGE (In years less birthday) <u>50</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Fuel Oil Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

| | | |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|
| 13a. FATHER'S NAME <u>Michael Meinhardt</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Ione Meinhardt</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ione Meinhardt</u> |
| | | ADDRESS <u>4067 Hartford St.</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease of Coronary Vessels</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1950 +</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u> | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>420.1</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 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>420.1</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10/17, 1946, to 3/13, 1950, that I last saw the deceased alive on 2/17, 1950, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

| | | | |
|------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|
| 23a. SIGNATURE <u>Herbert A. Douke</u> | (Degree or title) | 23b. ADDRESS <u>5203 Cheffeur St. N</u> | 23c. DATE SIGNED <u>3/14/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 16, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |

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|--------------------------------------------|--------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-14-50</u> | REGISTRAR'S SIGNATURE <u>Herbert A. Douke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> | ADDRESS <u>4228 S.Kingshighway Bl.</u> |
|--------------------------------------------|--------------------------------------------------|---------------------------------------------------------|-------------------------------------------|

MAR 31 1950

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12.4

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.