

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10418  
Registrar's No. 2962

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4164 LOUGHBOROUGH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2019  
d. STREET ADDRESS (If rural, give location) 4164 LOUGHBOROUGH AV.

3. NAME OF DECEASED  
(Type or Print) a. (First) ALBERT b. (Middle) \_\_\_\_\_ c. (Last) MEINERS

4. DATE OF DEATH (Month) (Day) (Year) MARCH 28-51

5. SEX M. D

6. COLOR OR RACE W.

7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH FEB-12-1910

9. AGE (In years last birthday) Months Days Hours Min. 41 YRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ST. LOUIS FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) ST. Louis Mo. D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN MEINERS

13b. MOTHER'S MAIDEN NAME GERTRUDE KURMANN

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Gertrude Meiners 4164 Loughborough Av.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Carotid artery thrombosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR H2O1

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 505P m., from the causes and on the date stated above.

23a. SIGNATURE Dr. M. J. Quinn (Degree or title) \_\_\_\_\_

23b. ADDRESS 1301 Clair

23c. DATE SIGNED 3/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MARCH-31-51

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State) ST. Louis Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 30 1951 J. B. Lanter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette Ave

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John B. Vollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4874*

P. O. Address *3125 Lafayette St*

**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.