

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43171**
 Registrar's No. **11358**

FILED JAN 10 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2059
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSP.			d. STREET ADDRESS (If rural, give location) 5. 6154 PAGE AVE. P1		
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) H.	
		c. (Last) MEINERS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 21 1951	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 22 1870	9. AGE (In years last birthday) 81	If UNDER 1 YEAR Days 8
				If UNDER 1 year Hours 29	If UNDER 1 year Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FUNERAL DIRECTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS D	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HERMAN MEINERS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ANNA MEINERS (DECEASED)		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. NONE	
17. INFORMANT'S SIGNATURE OR NAME John B. Meiners		ADDRESS 1348 HAWTHORNE		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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 11 days 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. Lobar pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days	
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)		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? 331X		22. I hereby certify that I attended the deceased from 12-10-1951 , to 12-21-1951 , that I last saw the deceased alive on 12-21-1951 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Edmund P. Meiners M.D.		(Degree or title)		23b. ADDRESS 6651 Emwight Ave.	
23c. DATE SIGNED 12-21-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 24 1951	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Bocklage	
DATE REC'D BY LOCAL REG. DEC 22 1951		REGISTRAR'S SIGNATURE Carl Smith, M.D.		ADDRESS 6536 Clayton St.	

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed John J. Demmeby
Student Embalmer No.
Licensed Embalmer No. 4194
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.