

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10267

State File No.

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2580

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		a. STATE <u>MISSOURI</u>	b. COUNTY <u>2167</u>
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3628a Tennessee</u>		e. STREET ADDRESS (If rural, give location) <u>16 3628a Tennessee Avenue</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>DORA</u>	b. (Middle) <u>MARGARET</u>	c. (Last) <u>MEISSER</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>18,</u>	(Year) <u>1954</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 17, 1869</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Paul Meisser</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Senti</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Louise Meisser, 3628a Tennessee Ave</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) <u>Chronic Myocarditis</u>	
		DUE TO (c) <u>Hypertension</u>	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 10th 1951</u> , to <u>March 18th 1954</u> , that I last saw the deceased alive on <u>March 17, 1954</u> , and that death occurred at <u>7:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert Beisbarth, M.D.</u> (Degree or title)		23b. ADDRESS <u>3606 Gravis Ave.</u>	23c. DATE SIGNED <u>3-20-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Mar. 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 22 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u> ADDRESS <u>1936 St. Louis Ave.</u>	

Dr. Albert Beisbarth
3436 Gravois Ave.
10 - 1 PM

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 34

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.