

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3309**

**318**

**1003**

Registrar's No. **1389**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6-days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>07 Christian Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>0710 7018 Hampton Avenue</b>		
3. NAME OF DECEASED (Type or Print) <b>George</b>		a. (First)	b. (Middle) <b>H.</b>	c. (Last) <b>Meininger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 19, 1885</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(retired) Druggist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Business</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Meininger</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Freund</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-36-8885</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Bessie Meininger-7018 Hampton</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> <i>Cerebral Embolism</i>  ANTECEDENT CAUSES <b>carcinoma of rt lung</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of rt lung</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>163x</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <b>8-21</b> , 19 <b>57</b> , to <b>2-4</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>2-3</b> , 19 <b>58</b> and that death occurred at <b>1:30 A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>H. E. Morris M.D.</i>			23b. ADDRESS <b>4110 W. Flammant ave.</b>		23c. DATE SIGNED <b>2-5-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 7, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthew's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 6 58</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WACKER-HELDERLE-3634 Gravois Ave.</b>		

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 Robert Wheeler.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2128.....

P. O. Address Shaw 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.