

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023545

STATE FILE NUMBER

1958

FILED JUN 16 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5. 300

1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arbor Terrace 4150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb 3 1/2 weeks	d. STREET ADDRESS (If outside, give location) 6612 Sacramento Ave
3. NAME OF DECEASED (Type or print) First Middle Last William H. Meinberg			4. DATE OF DEATH Month Day Year May 7 1958
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Mgr. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George A. Meinberg	
13b. MOTHER'S MAIDEN NAME Margaret Hogue		14. NAME OF HUSBAND OR WIFE Pearl V. Meinberg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-07-2643	17. INFORMANT Mrs. Pearl V. Meinberg, 6612 Sacramento Av
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia bilob. Bronchial O.K. <i>John J. Brown</i> Conditions if any, which arose as to cause (a), stating the underlying cause (b) Hematoma, subdural. Right Date 5/9/58 Cause (c) Hydropneumothorax bilob. with terminal pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 days 1 Mo.
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FALL - IN - YARD - of - HOME	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 5-1-58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 27	
20e. CITY, TOWN, OR LOCATION 400		20f. COUNTY STATE E 904.0 21	
21. I attended the deceased from 4-12-58, to 5-9-58 and last saw him alive on 5-7-58 Death occurred at 8:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arroy E. Rouche		22b. ADDRESS 3720 Washington Ave	
22c. DATE SIGNED 5-9-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 10 1958	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av		25. DATE RECD. BY LOCAL REG. MAY 9 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.			

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
Signature of Student Embalmer

Signed *Glen W. Day*

Licensed Embalmer No. *3737*

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