

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023920
STATE FILE NUMBER

DECEASED JUN 16 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1525

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City 4356		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7621 Canton Av.			Length of stay in lb 16 yrs.		d. STREET ADDRESS 7621 Canton Ave. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle T. Last Meinert				4. DATE OF DEATH Month 6 Day 4 Year 58									
5. SEX Male <input 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 July 16, 1885		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician - Ret.				10b. KIND OF BUSINESS OR INDUSTRY Electric		11. BIRTHPLACE (City and state or country) Belleville, Ill. /			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME August Meinert						14. MOTHER'S MAIDEN NAME Anna Francis							
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. 489-05-7778		17. INFORMANT Address Mrs. Henrietta Meinert 7621 Canton 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) Myocardial Infarction DUE TO (b) Rheumatic heart disease (mitral) DUE TO (c) 410X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Multiple emboli from valvular thrombi										INTERVAL BETWEEN ONSET AND DEATH 10 yrs + 1/2 yrs ago			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>										
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.										
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from Nov. 1950 to June 4, 58 and last saw ^{him} alive on May 19, 58 Death occurred at 12:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Birkle Eck M.D.						22b. ADDRESS 508 N. Grand.			22c. DATE SIGNED June 7 58				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June 7-58		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park			23d. LOCATION (City, town, or county) (State) St. Louis County Mo.						
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union				25. DATE RECD. BY LOCAL REG. 6-7-58		26. REGISTRAR'S SIGNATURE Herbert R. Dombek							

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

Dr. Birkle Eck
508 N. Grand
Je. 1-9501

Hrs. 9-2 Thurs. & Fri.

Sat 9³⁰ - 11:00 AM

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 Warren A. Carver

Licensed Embalmer No. 35

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.