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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007435
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1438

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 City Hospital — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4404 Tennessee — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Benjamin — Middle: — Last: Meinecke
4. DATE OF DEATH: Month: Feb. Day: 8, Year: 1959
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 2, 1872
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months: 3 Days: 6 — IF UNDER 24 HRS.: Hours: — Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainence
10b. KIND OF BUSINESS OR INDUSTRY: City-St. Louis
11. BIRTHPLACE (City and state or country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Meinecke
13b. MOTHER'S MAIDEN NAME: Wilhelmina Tiedemann
14. NAME OF HUSBAND OR WIFE: Sadie Meinecke (Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Span. Amer. War
16. SOCIAL SECURITY NO.: 516-18-9125
17. INFORMANT: California Address: Long Beach, William Meinecke 4526 DeOra Way

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 422.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick J. Taylor (Degree or title): Coroner 3
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 2.10.59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 12, 1959
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, County, Mo.

24. FUNERAL DIRECTOR: Schumacher's
ADDRESS: 3013 Meramec St.
25. DATE RECD. BY LOCAL REG.: FEB 10 59
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address Athens

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.