Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019433
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4887

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hamilton Conv.H. — Length of stay in 1b: 1½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2411 N. 22nd Str. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)
First: CELESTINE — Middle: — Last: MEEHLING

4. DATE OF DEATH Month: May — Day: 18, — Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]
8. DATE OF BIRTH: March 10, 1890
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fayetteville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Michael Lehr
13b. MOTHER'S MAIDEN NAME: Lena Erhardt
14. NAME OF HUSBAND OR WIFE: John Meehling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert C. Spaulding — Address: 4049 S. Nicholas E. St. Louis, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — ?
DUE TO (c): 331X
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 [X]

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 11-8-57, to 5-18-59 and last saw her/him alive on 5-18-59
Death occurred at 3:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward J. Berger M.D.
22b. ADDRESS: 457 N. Kingshighway
22c. DATE SIGNED: 5-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/21/59
23c. NAME OF CEMETERY OR CREMATORY: Walnut Hill
23d. LOCATION (City, town, or county) (State): Belleville, Illinois

24. FUNERAL DIRECTOR: Edgar A. Baldus — ADDRESS: Belleville, Ill.
25. DATE RECD. BY LOCAL REG.: MAY 20 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Edgar P. Baldus.

Licensed Embalmer No. 2846

P. O. Address Belleville, N

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.