

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St Louis Mo

Registration District No. 791

1003

Primary Registration District No. _____

File No. _____

6514

Registered No. 1461

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

John A. Meissert

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Married

DATE OF BIRTH

Janu 27th 1890
(Month) (Day) (Year)

AGE

25 yrs. 13 mos. 13 ds.

IF LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

Stupp Bros & Sons

BIRTHPLACE

(City or town, State or foreign country)

St Louis Mo

PARENTS

NAME OF FATHER

John Meissert

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

Germany

MAIDEN NAME OF MOTHER

Cath. Antrobins

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

St Louis Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. John Meissert
3655 Weber Rd

(ADDRESS)

Filed

FEB 13 1915

Max C Starkloff

REGISTERED

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb. 10th 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 9th, 1915, to Feb. 10th, 1915, that I last saw him alive on Feb. 10th, 1915,

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) - 9 mos. 2 ds.

Contributory
(SECONDARY)

(Duration) - ___ yrs. ___ mos. ___ ds.

(Signed)

J. W. Pruitt

M. D.

Feb. 10th, 1915. (Address) 600 6 Virginia Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Park Lawn

DATE OF BURIAL

Feb 13 1915

UNDERTAKER

Robert

ADDRESS

1003 Russell Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Approved by U. S. Census and American Public Health Association)

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasmas); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-*
genital," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or mis-
carriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MAR 27 1946