WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No. 17752
96 Township Carondelet — Primary Registration District No. 6248 G — Registered No. 154
City ..... (No. 913 Landscape Ave St. ..... Ward)

2. FULL NAME Joseph Mehro
(a) Residence, No. R. R. #6 Rock Hill Rd St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Mehro
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16-1861
7. AGE YEARS 72 MONTHS 0 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) April 30, 1929
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Joseph Mehro R. R. #6 Rock Hill Rd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE May 6 1933
19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Str.
20. FILED 5/6 1933 L. C. Obrock M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1933
22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 4, 1933
I last saw him alive on May 4, 1933. Death is said to have occurred on the date stated above, at 2:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis	4-26-1933
131	
1808 131	

Other contributory causes of importance:
Chronic Interstitial Nephritis — S

Name of operation No operation Date of .....
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury —, 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) M. Dwight Jennings, M. D.
(Address) 4101 Washington Blvd. St Louis Mo.