

S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26521

State File No.

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6313

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 3203 N. 9th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day July
year 1941 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 1
1941 to July 31, 1941

that I last saw him im alive on July 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Duration

3. (a) PRINT FULL NAME Henry Otto Mersch

3. (b) If veteran, name war. 3. (c) Social Security No. 489-05-4262

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Antoinette Bauer Mensch 6. (c) Age of husband or wife if 62 years

7. Birth date of deceased May 11 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 20 hr. min.

9. Birthplace Germany A
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping clerk

11. Industry or business North America Elec. Lamp

12. Name Henry Mersch

13. Birthplace Germany A
(City, town, or county) (State or foreign country)

14. Maiden name dont know

15. Birthplace dont know G
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Viola Mersch

(b) Address 3203 North 9th. St.

17. (a) Burial (b) Date thereof 8 4 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. G. Stock

(b) Address 2117 E. Grand

19. (a) AUG - 1 1941 (b) J. Mersch
(Date of local registration) (Registrar's signature)

Due to

Due to

Other conditions Auto Pleurisy
(Include pregnancy within 3 months of death)

Major findings:
Of operations Jan

Of autopsy Jan

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Means of injury)

23. Signature Cerebral Pleurisy (M. D. or other) D

Address 2117 E. Grand Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

000
17
9

000
17
9
26
D

17

Dr. S. S. S. S. S.
414 2nd St. Grand
Apr. 10 - 12 - 2.

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Frank A. Moran
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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 this body is not embalmed, fact should be so stated above.