

FILED MAR 17 1942

791 STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

1873

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2160 Tower Grove Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2160 Tower Grove Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1942 hour 9 minute A.M. M.

21. I hereby certify that I attended the deceased from Oct 18 to Feb 27 1942

that I last saw him alive on Feb 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 years

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury 0

23. Signature J. J. Carlson (M. D. or other) _____
Address 1527 S. Grand Date signed 2/27/42

3. (a) PRINT FULL NAME Albert Mehle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Mehle 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

10. Usual occupation Sausage Maker

11. Industry or business retired 2 years

12. Name Unknown Mehle

13. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant William L. Watz

(b) Address 2160 Tower Grove Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 20 1942 (Date received local registrar) (b) J. S. Bredeck (Registrar's signature)

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

MOTHER FATHER

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

Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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.