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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 22 1947 91

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5106**

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

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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:
Alexian Bros. Hospital *0*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town. **St. Louis** *099*
(If outside city or town limits, write "RURAL")

(d) Street No. **2739 Shenandoah Avenue** *239*
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **ROY MEST**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **None**

4. Sex **Male** *0* 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Barbara Mest**

6. (c) Age of husband or wife if alive. **55** years

7. Birth date of deceased. **About 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 63 hr. min.

9. Birthplace. **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Switchman (Retired)**

11. Industry or business.....

MOTHER FATHER { 12. Name. **Joseph Mest**

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

14. Maiden name. **Mary Roy**

15. Birthplace. **France** *5*
(City, town, or county) (State or foreign country)

16. (a) Informant. **Barbara Mest**

(b) Address. **2739 Shenandoah Avenue**

17. (a) **Burial** (b) Date thereof **June 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **New St. Paul Churchyard**

18. (a) Signature of funeral director. **Wm E. Mordell**

(b) Address. **1926 Allen Avenue**

19. (a) **JUN 12 1947** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th**
year **1942** hour **6:30** minute **A** M.

21. I hereby certify that I attended the deceased from **June**, 19**41**, to **June 10**, 19**42**, and that I last saw him alive on **June 10**, 19**42**.

Immediate cause of death. **Carcinoma of Prostate** *15 Mos.*

Due to..... **51**

Due to.....

Other conditions. **Chronic Myocarditis** *37RS.*
(include pregnancy within 3 months of death)

Major findings: **Carcinoma of prostate**

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.....

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)

(e) Means of injury..... *0*

23. Signature. **Ralph Thompson** (M. D. or other) **M. D.**
Address **3606 Gravois, St. Louis** Date signed **6/10/47**

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

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.