

FILED DEC 3 1943 318

State File No. _____
Registrar's No. 10103

Registration District No. _____ Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 10,530 Wurdack Avenue
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 10,530 Wurdack Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles B. Mescher

3. (b) If veteran, name war None 3. (c) Social Security No. 488-10-1616

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

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan 1 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 10 16 hr. _____ min.

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

10. Usual occupation Sheetmetal worker

11. Industry or business Hummer Metal works

12. Name August Mescher

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

14. Maiden name Bertha Mescher

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

16. (a) Informant Katherine Mescher

(b) Address 10,530 Wurdack-Overland, Mo

17. (a) Burial (b) Date thereof 11-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Blaumann Brothers Inc

(b) Address 2504-Woodson Rd-Overland

19. (a) NOV 18 1943 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day November
year 1943 hour 9 minute 03 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Old Subarachnoid Hemorrhage of Brain
Hemorrhage of Brain when I Ladder

Due to on which he was working at
3547 Olive St. Slipped and he

Due to fell to the ground
about 1:2 Pm April 23-1941

Other conditions Practically
(Include pregnancy within 3 months of death)
an invalid since

Major findings: of operations

Of autopsy 100

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

(a) Accident, suicide, or homicide (specify) Accident 100

(b) Date of occurrence April 23-1941

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

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

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

23. Signature Alfred Perry (M. D. or other)

Address St. Louis, Mo Date signed 11/18/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *W. G. Peterson*

Licensed Embalmer No. *3767-City 62*

P. O. Address *Overland Mo.*

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.