

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

2  
43  
39  
35897

FILED FEB 11 1948 18

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 1091

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: ST JOHNS HOSPITAL  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 17

(c) City or town ST LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 4048 FLORA BL.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELIZABETH MEHAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife JAMES W. MEHAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 28 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 4  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name ROBERT TRACY

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

14. Maiden name MARGARET MURRAY

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

16. (a) Informant Dr George T. Mehan

(b) Address 4048 FLORA BL.

17. (a) REMOVAL (b) Date thereof FEB. 4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CINCINNATI, OHIO

18. (a) Signature of funeral director A. P. Munsch

(b) Address 5165 DELMAR BLVD

19. (a) FEB 2 1948 (b) J. J. Buresch  
(Date relative local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2  
year 1944 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from December 22 1943, to Feb 2nd 1944, that I last saw her alive on February 2nd 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-vascular disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Fracture of right leg due to arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature A. P. Munsch (M. D. or other) \_\_\_\_\_  
Address 306 Humboldt Bldg Date signed 2/2/44

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.....

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

**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.**