

FILED OCT 24 1947

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether
In this community 44 Years
years, months or days)

3. (a) PRINT FULL NAME Charlotte Meese

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 Married
6. (b) Name of husband or wife Charles Meese 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 13 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	3	26hr.min.

9. Birthplace House Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housework

MOTHER FATHER { 12. Name William Ehlers 9

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

14. Maiden name Catherine Trost

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

16. (a) Informant Charles Meese

(b) Address Arnold Mo

17. (a) Burial (b) Date thereof Oct. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richardson Cemetery

18. (a) Signature of funeral director Heiligtag Funeral Ho

(b) Address Kimmswick Mo. R. R. 2

19. (a) OCT 9 1947 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson 50
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Arnold Mo. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Sept. 19 1947 to Oct. 9, 1947
that I last saw h. alive on Oct 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis 2 mos

Due to Carcinoma of liver (primary) 6 mos

Due to.....

Other conditions (Include pregnancy within 3 months of death)
H/B/K

Major findings: as above
Of operations.....

Of autopsy as above

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

23. Signature George A. O'Sullivan (M. D. or other) 10/9/47
Address 421 W. S. Church Date signed

Duration
2 mos
6 mos
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Arthur W. Heiligton
.....
Licensed Embalmer No. 3862
.....
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.