

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28698

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 3128, Kolla Place) St. Ward)

File No.
 Registered No. **8238**

2. FULL NAME

Mary Mehling
 (a) Residence. No. St. 10 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Mehling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) 50 46 69
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo

10. NAME OF FATHER Antonina

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Anderson

12. MAIDEN NAME OF MOTHER A. C.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) " "

14. INFORMANT Harry J Mehling
 (Address) 3128 Kolla Place

15. FILED SEP 16 1927 Mar E Stankoff REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/15 1927

17. I HEREBY CERTIFY That I attended deceased from March 18, 1926, to Sept 15, 1927 that I last saw h. e. t. alive on Sept 15, 1927, and that death occurred, on the date stated above, at 8:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Oesophagus and Mammary Gland (left)

CONTRIBUTORY (SECONDARY) Septicemia, general exhaustion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory tests of specimens of Dr. Daves
 (Signed).....

Sept 16 1927 (Address) 2337 N. Market St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary 9-17 1927

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Mark St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1901
2337 N. Main St.
1901 2.444