WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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

Do not use this space.

34315

File No. .....

Registered No. 322

1. PLACE OF DEATH
County St. Louis
Township Central
City Pine Lawn (No. Dr. Tyernovo Hospital St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6082-3

2. FULL NAME Joseph Francis Mehlan Sr.
(a) Residence, No. 4100 Edgewood St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Catherine Mehlan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	7	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) ..... How long did you spend in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germantown Pa

FATHER
13. NAME Joseph Mehlan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alsace-Lorraine

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alsace-Lorraine

17. INFORMANT Mrs. Catherine Mehlan
(ADDRESS) 4100 Edgewood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 2 1933

19. UNDERTAKER L. B. Tanner
(ADDRESS) 6107 Natural Bridge Rd

20. FILED 11/1 1933 Otto Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:45 a.m. AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	?
Coronary sclerosis, with complete occlusion of left.	
Chr. generalized arterio sclerosis.	

Other contributory causes of importance:

Angina pectoris	?
Acute dilitation of rt. heart.	
Death occurred at Pine Lawn Hosp. Central Twp. St. Louis County.	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Luke B. Tanner, M.D. 11/1/33
(Address) 3718 Jennings Rd.
Coroners Physician, St. Louis Co., Mo.