

FEB 11 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1003  
Township..... Primary Registration District No.  
City *St. Louis* (No. *St. Paul*) (Ward)

File No. 2988  
Registered No. 185  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*John L. Mesker*  
(a) Residence No. *Roseville Hotel* St. *12* Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 10 1868</i>		
7. AGE YEARS <i>67</i>	MONTHS <i>9</i>	DAYS <i>24</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Cooking Mfg.</i>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Evansville Ind.*

MOTHER FATHER 13. NAME *John B. Mesker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Holland*

15. MAIDEN NAME *Elizabeth Nurre*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Evansville Ind.*

17. INFORMANT *Frank Mesker*  
(ADDRESS) *449 8th St*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Evansville Ind.* Date *Jan 6 1936*

19. UNDERTAKER *Wagner & Co*  
(ADDRESS) *3624 Olive St*

20. FILED - 6 1936 19 *J. Bredeck*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 4 1936*  
22. I HEREBY CERTIFY, That I attended deceased from *Dec 18 35* to *Jan 4 1936*  
I last saw him alive on *Dec 7 1935* Death is said to have occurred on the date stated above, at *6:00 p.m.*  
The principal cause of death and related causes of importance were as follows:

*131*  
*Thrombosis of abdominal aorta*  
Other contributory causes of importance:  
*Chronic myocarditis*  
*Chronic interstitial nephritis*  
*Arteriosclerosis - Hypertension*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Amur* 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) *Frank R. Trammey*, M. D.  
(Address) *3701 W. Washington*

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.

100M-3-25-35

1936-1-4  
1868-3-10  

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69-9-24