

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

Do not use this space.

**MAY 16 1936**

20912

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **517 Filmore**)

File No. ....  
Registered No. **5112**  
St. .... Ward

**2. FULL NAME** Theophile C. Mesnier

(a) Residence, No. 517 Filmore St. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Gray Mesnier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. building  
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) St. Louis, Mo.

13. NAME Charles Mesnier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

15. MAIDEN NAME Caroline Maritz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

17. INFORMANT (ADDRESS) Mrs. Nellie Gray Mesnier  
517 Filmore

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 5-12-36

19. UNDERTAKER (ADDRESS) Southern Und. Co.  
6322 S. Grand

20. FILED 9661 II NW J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9-36

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to May 9, 1936  
I last saw him alive on May 9, 1936 Death is said to have occurred on the date stated above, at 12:55 P.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset Chronic  
1-31

Other contributory causes of importance:  
Chronic interstitial nephritis Chronic

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

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? No  
If so, specify .....

(Signed) J. Bredeck M. D.  
(Address) 7702 W. 11th

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.

Dr. ...  
77-10-1

4