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.

JUN 12 1937

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

Do not use this space.

791

18740

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5316

City ST. LOUIS MO. (No. CITY HOSPITAL St. ..... Ward)

2. FULL NAME JOHN L. MEHL.

(a) Residence, No. 915 GEYER AV. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: MARTHA MEHL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 28-1889

7. AGE: YEARS 48 MONTHS 3 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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): MISSOURI

FATHER

13. NAME: UNK. MEHL.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER

15. MAIDEN NAME: ELIZABETH UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): MARTHA MEHL, 915 GEYER AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MATTHEWS DATE MAY 29 1937

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette av.

20. FILED MAY 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 p.m.

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

Date of onset

Carcinoma of Lung

470

Other contributory causes of importance:

Pathological Fracture of Right Leg (Metastatic)

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 See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Zuman, M.D.

(Address) Deputy Coroner

2432