

OCT 14 1937

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

32670

Do not use this space.

872A

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Desloge Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John W. Mreen

(a) Residence, No. 1437a Vandeventer South St. 18
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve Mreen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7-1900
 7. AGE YEARS 37 MONTHS 0 DAYS 10 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Common
 10. Date deceased last worked at this occupation (month and year) 1/5/37 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME George Mreen

14. BIRTHPLACE (CITY OR TOWN) Florissant, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marie James

16. BIRTHPLACE (CITY OR TOWN) Florissant, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Marie C. James
 (ADDRESS) 3053-W-Milton Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fee Fee Cem. DATE 9-20-1937

19. FUNERAL DIRECTOR Baumman Bros. Inc.
 (ADDRESS) 2504 Woodson Rd. Overland, Mo.

20. FILE SEP 18 1937 J. L. Bredeek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1937 to Sept 17 1937

I last saw him alive on Sept 17 1937. Death is said to have occurred on the date stated above, at 12:26 A.M.

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

Portal embolism (Laemecy) syphilis

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Serology 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) G. O. Brown, M. D.

(Address) 1325 S. Grand

STATEMENT BY LICENSED EMBALMER

I, Earl L. Hillman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl L. Hillman

Licensed Embalmer No. 3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)