

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.

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

40026
 Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791 / 1003**
 (b) Township..... Primary Registration District No. **11013**
 (c) City **St. Louis** (d) Street No. **Mo. Baptist 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Roy H. Mesch**

(a) Residence, No. **6412 Blow St.** St. **2**
 (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*) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frances Mesch**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 12, 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Damhorst Soda Water Co.**
 10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....

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

FATHER 13. NAME **Henry G. Mesch**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER 15. MAIDEN NAME **Minnie Puls**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Mrs. Frances Mesch 6412 Blow St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **12-1** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **Kriegshauser Mortuaries 4228 So. Kingshighway**

20. **NOV 29 1937** 19 **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 28, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12/18**, 19**37**, to **11/28**, 19**37**. I last saw him alive on **11/28**, 19**37**. Death is said to have occurred on the date stated above, at **9 P.M.**
 The principal cause of death and related causes of importance were as follows:

Chr myocarditis

Date of onset **12/18/37**

Other contributory causes of importance:

none

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical Exam** Eyes? **no** autopsy? **no**

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) **E. H. Edwards** M. D.
 (Address) **4030 Chouteau Ave**

DI. EMBALMERS
Division June 2 2

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.)