

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

5127  
Do not use this space.

RECD MAR 13 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003** Registered No. **1820**  
 (c) City **St. Louis** (d) Street No. **Alexian Bros. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** *W.A.M.* **William A. Mees.**

(a) Residence, No. **3107 Meramec street** St. **LS** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Mees**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17. 1853.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>85</b>		<b>7</b>	<b>7</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Press-man</b>
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Retired 11 yrs.</b>
	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.**

FATHER	13. NAME <b>Jacob Mees</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

MOTHER	15. MAIDEN NAME <b>Appolonia Kaufmann</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

17. INFORMANT **Irene Rimmey**  
 (ADDRESS) **3107 Meramec Street**

18. BURIAL, CREMATION, OR REMOVAL **Lake Charles B. Park** DATE **Feb. 27. 1939**  
 PLACE

19. FUNERAL DIRECTOR (NAME) **W. Gordon & Sons Co**  
 (ADDRESS) **2842 Meramec Street**

20. FILED **FEB 25 1939** *J.D. Bruck*  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24. 1939. 19**

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 **8:05 A.M.**

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

*Fracture of the left hip  
 Generalized arteriosclerosis, suffered when he fell on the floor at his home 3/10/76  
 Meramec St on Feb 16-1939 about 2:00 PM*

Name of operation **Accident** Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide **Accident** Date of injury....., 19.....  
 Where did injury occur? **St. Louis, Mo.**  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify.....  
 (Signed) *W.D. Walker* M. D.

(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Herman A. Sebke*.....

Licensed Embalmer No. *2120*.....

P. O. Address *2842 MERAMEC ST. - ST. LO*.....

**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.)**

**If this body is not embalmed, above space should be left blank.**