

081
No. 2
11-101
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MAY 15 1940

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **3250**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 Days
(Specify whether years, months or days)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Louis Mehrtens **635**

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Magdalene 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov 20 200 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>18</u>	hr. _____ / min. <u>1</u>

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation LaPorter **9**

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown **9**

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Magdalene Mehrtens

(b) Address 511 East Esperschied

17. (a) Burial (b) Date thereof 4/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) APR 9 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 511 East Esperschied
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1940 hour 1:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 11, 1940 to April 8, 1940; that I last saw him alive on April 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus

Due to HO

Due to HO

Other conditions Esophageal diverticulum
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Marshall W. Kelly, M.D. (S. D. or other) _____

Address 1515 Lafayette **4/18/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Vergil L. Berryman

Licensed Embalmer No. 14018

P. O. Address St. Louis, Mo.

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.