. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22913

JUL 15 1940

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 1214

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bridgeton, Mo. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bridgton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo. (b) County St. Louis

(c) City or town Bridgeton, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. Mreen. 650

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Blanch Mreen

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 9, 1886. (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Janitor 1

11. Industry or business 6

FATHER
12. Name George Mreen
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Julia Aubuchon
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Blanch Mreen
(b) Address Bridgeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/40. (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JUN 27 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 8.55 minute P.M. M.

21. I hereby certify that I attended the deceased from May 25th, 1940, to June 25th, 1940, that I last saw him alive on June 25th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Bladder	6-25-39.
Due to Indefinite	
Due to 51	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Bladder	
Of autopsy none	

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H. F. Coleman M.D. (M. D. or other)
Address Pattonville, Mo. Date signed June 26 40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Coleman
Patonville, Mo.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave

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

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