

No. 2
1-13-40
-17-39
X2315

Registration District No. Primary Registration District No.

1. PLACE OF DEATH: St. Louis, Missouri
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution: City Sanitarium
(d) Length of stay: In hospital or institution 12 yrs. 7 mo. 18 da
In this community 15 years

3. (a) PRINT FULL NAME Edward Mestemacher
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 2, 1902

8. AGE:	Years	Months	Days	If less than one day
	38	5	2	hr. min.

9. Birthplace Owensville, Missouri

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name August Mestemacher

13. Birthplace Unknown Unknown

14. Maiden name Ida Robertson

15. Birthplace Unknown Missouri

16. (a) Informant Cora Mestemacher
(b) Address 4433 Forest Park Blvd.

17. (a) Burial (b) Date thereof 2/6/41
(c) Place: burial or cremation Owensville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 4 1941 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED: 000'
(a) State Missouri (b) County 17
(c) City or town St. Louis 913 95
(d) Street No. 4434 Strodtman
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-40x to 2-4-41
that I last saw him alive on 2-4-41
and that death occurred on the date and hour stated above.
Immediate cause of death.

Pulmonary Tuberculosis
(onset 7-1-40x)

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy No.

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

23. Signature J. R. ... (M. D. or other)
Address Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

Licensed Embalmer No. 4202

P.O. Address _____

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, fact should be so stated above.