S. No. 2
T—1-4-41
5-17-39
P I X26390

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

MAR MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15751

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 798

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20-days (Specify whether years, months or days)
In this community 20-Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: St. John
(If outside city or town limits, write "RURAL")
(d) Street No.: 8707 Elliott Dr.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Isabelle Mestemacher
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Frank R. Mestemacher
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: Feb. 15 - 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	26	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: At home
MOTHER FATHER
12. Name: Charles Henry Eckelman
13. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Ella Dudley
15. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Frank Mestemacher
(b) Address: 8665 Hagner, St. Johns, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 14-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin, Mo.
19. (a) APR 12 1941 (Date received local registrar) (b) F. R. Mayer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1941 hour 2 minute 50 M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h. ..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	5 days
Pyelitis	3 months
Bronchial Hypostatic pneumonia	5 days
Due to	
Due to	
Pernicious anemia	yes
Left renal calculus	?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 124 N
Of autopsy:

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: L. Kennian (M. D. or other) M.D.
Address: Clayton, Mo. Date signed: 4/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Dallwin, 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, fact should be so stated above.