

FILED JUN 10 1942
791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. AG 22

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
3619 Risch ave.
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME Henry J. Mehler

8. (b) If veteran, name war None 8. (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 Margaret 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 10 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Henry Mehler

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Margaret Schmidt
(b) Address 3619 Risch ave.

17. (a) Burial (b) Date thereof May 29, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director CHITMINTZ H. F. C.
(b) Address 7814 S. Broadway

19. (a) MAY 29 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 8 minutes 05 P. M.

21. I hereby certify that I attended the deceased from Oct 24, 1941
to May 26, 1942
that I last saw him alive on May 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (apoplexy) 3 days

Due to Arteriosclerosis Chronic

Other conditions Chronic myocarditis Chronic
(Include pregnancy within 3 months of death)

Major findings: 93
Of operations _____
Of autopsy 01
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 J. F. Brudick (M. D. or other) _____
Address 7702 Date signed 5/27/42

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

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19
9

96
0
NR

844

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: *Edwin H. Leinger*

....., Licensed Embalmer No. *4049*

....., P.O. Address: *6464 Chippewa*

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.