

FILED DEC 10 1942

Registration District No. *154*

Primary Registration District No. *113*

Registrar's No. *2330*

1. PLACE OF DEATH:  
 (a) County *St. Louis,*  
 (b) City or town *University City*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
*7240 Tulane, Ave., /*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(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 *University City*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. *7240 Tulane, Ave.,*  
(If rural, give location)  
 (e) Citizen of foreign country? *no.* (Yes or No)  
 If yes, name country..... *0*

3. (a) PRINT FULL NAME *John Peter Mehan.*  
 3. (b) If veteran, name war *none*  
 3. (c) Social Security No. *none*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Nov.* day *6th*  
 year *1942* hour *4:15* minute *P.* M.

4. Sex *Male* 5. Color or race *White*  
 6. (a) Single, widowed, married, divorced *Married*  
 6. (b) Name of husband or wife *Matilda Mehan.*  
 6. (c) Age of husband or wife if alive *72* years  
 7. Birth date of deceased *May 22* *1865*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Jan 30*  
 to *Nov 6* 19*42*  
 that I last saw him alive on *Nov 6* 19*42*  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
*77* *5* *14* hr. min.

Immediate cause of death  
*Heart & Brain vessels  
 blocked*  
 Due to *Creeping Paralysis*

9. Birthplace *Flint, Michigan /*  
(City, town, or county) (State or foreign country)  
 10. Usual occupation *Retired;*

Due to *Bad food* *25 yr*  
 Other conditions *badt coron* *10 yr*  
(Include pregnancy within 3 months of death)

11. Industry or business *Metropolitan Ins. Agent.*  
 12. Name *unknown Mehan.*  
 13. Birthplace *Michigan /*  
(City, town, or county) (State or foreign country)  
 14. Maiden name *unknown*  
 15. Birthplace *Unknown 9*  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations *821*  
 Of autopsy

16. (a) Informant *Mrs. Matilda Mehan.*  
 (b) Address *7240 Tulane, Ave.,*  
 17. (a) *burial* (b) Date thereof *11-9-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Valhalla Cemetery*

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?

18. (a) Signature of funeral director *C.R. Lupton & Sons.*  
 (b) Address *7233 Delmar Blvd.,*  
 19. (a) *NOV 7 - 1942* (b) *C. D. McArthur*  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
 23. Signature *C. D. McArthur M.D.* (M. D. or other)  
 Address *250 Central Ave.* Date signed *11/7/42*  
*Clayton Mo*

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

NOV 17 1948

# 2 So. Central  
PA-8164  
2-4 P.M.

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 Clarice H. Murray  
Licensed Embalmer No. 4011  
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, fact should be so stated above.