

S. No. 2
M-2-43
5-17-39
1 X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16398

State File No.

FILED JUN 14 1943 18

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5278

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to St. Louis City Hospital
(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 Illinois (b) County
(c) City or town Peoria (If outside city or town limits, write "RURAL")
(d) Street No. 207 Spencer Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Raymond J. Meschmark

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 348-03-5478

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Olive Meschmark 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 5 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	2	26	hr. min.

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

10. Usual occupation Deck Hand

11. Industry or business Federal Barge Lines

12. Name Frederick Meschmark

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

14. Maiden name Mary E. Yohe

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Drago

(b) Address Peoria, Illinois

17. (a) Burial (b) Date thereof 6/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JUN 8 1943 (Date received local registrar) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to Drowning; when he fell from a barge into the Mississippi River at the foot of North Market St., May 31st, 1943, at about 3:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident
(b) Date of occurrence May 31st, 1943
(c) Where did injury occur? St. Louis, Mo. 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

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

23. Signature Alfred J. Perry (M. D. or other) Deputy Coroner Date signed 6/9/43

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

MOTHER FATHER

801

JUL 8 - 1943

NO EMBALM

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 *Albert G. Hopper*.....

Licensed Embalmer No. *2971*.....

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.