

S. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25913

State File No.

Registrar's No. 119

FILED AUG 10 1943

Registration District No.

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
725 Monroe Street /
(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. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 725 Monroe Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Arthur Mersch

3. (b) If veteran, name war None 3. (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 Ella Rahmoeller 6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased December 25, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 8 hr. min.

9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business.....

12. Name Henry Mersch

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Maria Kruse

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Mersch

(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof July 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lutheran Cemetery

18. (a) Signature of funeral director Hackman - Bau

(b) Address 376 N. 6th St. St. Charles Mo

19. (a) July 6, 1943 (b) Carroll E. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from
1938 to July 3, 1943
that I last saw him alive on July 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Degeneration 1/2 hour

Due to chronic valvular disease and myocardial degeneration

Due to arteriosclerosis and hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92d

Of autopsy.....

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 Vincent A. Schmidt (M. D. or other) MO

Address St. Charles Mo Date signed 7/6/43

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.....

Arthur C. Bane

Licensed Embalmer No.....

3147

P. O. Address.....

St. Charles 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.