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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 26 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13097  
3536  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:  
4229 Linton Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 57 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4229 Linton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from  
March 28, 1944 to April 15, 1944  
that I last saw him alive on April 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Endocarditis  
& Myocarditis  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....  
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 R. H. Jones (M. D. or other) MD  
Address 1901 Madison St Date signed 4/16/44

3. (a) PRINT FULL NAME Jacob Mehl  
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Augusta Mehl 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased December 15, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 0 hr. min.

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

10. Usual occupation Unemployed Painter

11. Industry or business Automobiles

MOTHER FATHER { 12. Name Unknown Mehl  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Weist Baden Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Mehl  
(b) Address 4229 Linton  
17. (a) Burial (b) Date thereof 4-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker  
18. (a) Signature of funeral director Suedmeyer & Sons  
(b) Address 3934 N. 20th St  
19. (a) APR 15 1944 (b) J. F. Bredok  
(Date received local registrar) (Registrar's signature)

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..... *Alfred J. Brediker*  
Licensed Embalmer No. *2663*  
P. O. Address..... *5434 Alpha*

**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.**