

S. No. 2
DM-543
v. 5-17-39
I X36671

FILED JAN 31 1945
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 429

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day (Specify whether
In this community Life
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. 3837a So. Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME E. Louis Mechler

3. (b) If veteran, name war No
3. (c) Social Security No. 492-01-2669

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

6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December 23, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Brewery Worker

11. Industry or business Anheuser Busch Inc.

12. Name Matthew Mechler

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

14. Maiden name Clara Hedig

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

16. (a) Informant Ella Mechler

(b) Address 3837a So. Compton

17. (a) Burial (b) Date thereof 1/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) JAN 16 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1945 hour 5 minute 15 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull
Subdural hemorrhage of brain
when he was found at the bottom
of the steps on the lawn in front
of 3837a So. Compton Ave. Wash. 12/11
1945. Jan 14, 1945
Caused in manner of some kind
which has not been ascertained
(Include pregnancy within 3 months of death)

Major findings: 195
Of operations: _____
Of autopsy: 44

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) Open Verdict

(b) Date of occurrence Jan 14, 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public sidewalk

(Specify type of place) (e) Means of injury Car

23. Signature Detmold (M. D. or other) _____
Address _____ Date signed 1/16/45

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

MOTHER FATHER

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. Kopp*

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.