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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10966

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 30 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. 4024 N. 20TH ST. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Henry Meshwert

3. (b) If veteran, name war NO

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 LULU MESHWERT

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MARCH (Month) 16 (Day) 1886 (Year)

8. AGE: Years 59 Months 8 Days 28 If less than one day hr. min.

9. Birthplace WINONA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation BARBER

11. Industry or business

FATHER
12. Name UNK. MESHWERT
13. Birthplace UNKNOWN (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

16. (a) Informant LULU MESHWERT

(b) Address 4024 N. 20TH ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Goodmeyer & Sons

(b) Address 3934 N. 20TH ST.

19. (a) DEC 17 1945 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 45 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-7, 1945, to 12-14, 1945; that I last saw him alive on 12-14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Ca. of prostate with exstensive skeletal metas.

Due to Tases

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. ~~or other~~)

Address Barnes Hospital, Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Bennett Wm Jones

Licensed Embalmer No. 4224

P. O. Address 3423 Clara

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.