S. No. 2
M—2-43
5-17-39
I X35697

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

16952

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18073

FILED MAY 27 1946

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1091

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 1/23/46
In this community 55 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Piasa 11
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location)
(e) Citizen of foreign country? Unknown 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MEARSCH, Otto John

3. (b) If veteran, name war World I

3. (c) Social Security No. 346141357

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 20 (Day) 1890 (Year)

8. AGE: Years 55 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Piasa, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Emil H. Mearsch
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Amelia Miller
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brighton Cemetery

18. (a) Signature of funeral director Paul L. Warner
(b) Address Brighton, Ill.

19. (a) 5-21-46 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 4:25 minute P M.

21. I hereby certify that I attended the deceased from 1/23/46, 19..., to 5/17/46, 19...; that I last saw him alive on May 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMOTHORAX, SPONTANEOUS, RIGHT LUNG — Duration: UNK

Other conditions: BRONCHITIS, CHRONIC, ASTHMATIC, TYPE; EMPHYSEMA, CHRONIC, MARKED; DISEASE OF THE HEART, SECONDARY

Other conditions (Include pregnancy within 3 months of death) TO CHRONIC LUNG DISEASE WITH MYOCARDIAL DAMAGE, MYOCARDIAL INSUFFICIENCY

Major findings: Of operations No Operation

Of autopsy No 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) No
(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 L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5/18/46

(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 Peter B. Dubrouillet

Licensed Embalmer No. 36 91

P. O. Address Richmond Height M

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.