

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18708
Registrar's No. 4361

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:
St. John's Hospital
(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

3. (a) PRINT FULL NAME John Charles Mestemacher
3. (b) If veteran, World War # 1 name war. 3. (c) Social Security No. 494-01-5314

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Mestemacher 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 21 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 20 hr. min.

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

10. Usual occupation Plasterer

11. Industry or business _____

12. Name Charles August Mestemacher

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

14. Maiden name Ida Roberson

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

16. (a) Informant Lillie Mestemacher

(b) Address 4414 Strodtman Pl.

17. (a) Burial (b) Date thereof 5-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oweneville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 14 1946 (b) J. F. Bredeck
(Date received from registrar) (Registrar's signature)

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. 4414 Strodtman Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from 4-21-46
to 5-10-46
that I last saw him alive on 5-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the maxillary sinus
Duration _____

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Ca. Lx. max. sinus

Of operations _____

Of autopsy no

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) _____

(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) (c) Means of injury _____

23. Signature J. F. Kennedy (M. D. or other) _____

Address 634 N. Grand Date signed _____

JUN 4 1948

JUN 26 1948

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.....

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *St. Louis, 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.