

FILED MAY 31 1946

Registration District No. 318

Primary Registration District No. 1003

State File No. 18709

Registrar's No. 4537

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)  
In this community years, months or days

3. (a) PRINT FULL NAME Minnie Mestemacher

3. (b) If veteran, name war No 3. (c) Social Security No No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Henry  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 15 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 5 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Mestemacher

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

14. Maiden name Unknown

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

16. (a) Informant Otto Mestemacher

(b) Address 2811a Magnolia

17. (a) Burial (b) Date thereof 5-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 20 1946 J. F. Brueck  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Owensville  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(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 18  
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 18 to May 18  
that I last saw h. e. alive on May 18  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary disease  
Duration 1 yr

Due to Aortic aneurysm

Due to nephritic chronic

Other conditions (Include pregnancy within 3 months of death)

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 A. H. Hoppe (M. D. or other) M.D.  
Address 4700 Washington Blvd. Date signed May 20 1946

OCT 29 1948

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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..... *Elmo R. Padwell* .....  
Licensed Embalmer No. *4077* .....  
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.