

**FILED** JUL 26 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6377**

**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:  
3946 Illinois Ave.,  
(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 Julius Mehling,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 6

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Catherine Mehling, 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased April 30 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 18 If less than one day  
hr. min.

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

10. Usual occupation Nat'l Candy Co.,

11. Industry or business Stacker

12. Name Don't Know, 9  
 13. Birthplace Don't Know, 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Don't Know, 9  
 15. Birthplace Don't Know, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Mehling,  
 (b) Address 3946 Illinois Ave.,

17. (a) Burial, (b) Date thereof 7/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old St. Peter, Paul

18. (a) Signature of funeral director Gebken-Benz Mortuary  
 (b) Address 2842 Meramec St.,

19. (a) JUL 19 1946 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County oao  
 (c) City or town St. Louis, 24/7  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3946 Illinois Ave., 9  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 18 th  
 year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from July 21, 1946, to July 18, 1946  
 that I last saw him alive on July 18, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Bronchitis

Duration  
5 years  
3 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions AP 25  
(Include pregnancy, within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of 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) \_\_\_\_\_  
 (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 Leroy E. Ellum (M. D. or other) MD  
 Address 3610 So. Broadway Date signed 7-19-46

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

25518



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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 \_\_\_\_\_ ME \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Laron E. Percy  
Licensed Embalmer No. 4094  
2842 Meramec St.,  
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.**