

FILED DEC 23 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10285**

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:
Alexian Brothers 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8512 Pennsylvania ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Cleveland Mehl Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 494-07-9051

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina Mehl 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased January 11 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Maintenance Man
St. Louis, Steel Casting Co.

11. Industry or business _____

12. Name Theodore Mehl
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Wagner
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Christina Mehl
(b) Address 8512 Pennsylvania ave.

17. (a) Burial (b) Date thereof Dec. 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Olive Cemetery

18. (a) Signature of funeral director D. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) DEC 17 1946
(Date received local registrar)

Registrar's signature J. F. Bradee
Address _____ Date signed _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1946 hour 10 minute 20 A.

21. I hereby certify that I attended the deceased from SEPTEMBER 20
1946 to 12-14-1946

that I last saw him alive on 12-14-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma

Due to carcinoma of the urinary bladder

Due to Primary site bladder

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) _____
Means of injury _____

Signature J. Moore (M. D. or other) MD
Address 729 Frisco Bldg Date signed 12-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Learn it as soon as possible

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 *Levin C. Hoffman*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broad*

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

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