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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34468
Registrar's No. 9414

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Evangelical Deaconess Hosp
(d) Length of stay: In hospital or institution 8 days
In this community

3. (a) PRINT FULL NAME John Michael Mensio
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced G
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 23 1948
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name John Mensio
13. Birthplace St. Louis Mo.
14. Maiden name Gloria Wilken Schwan
15. Birthplace St. Louis Mo.

16. (a) Informant Mrs. John Mensio
(b) Address 5598 Bartmer

17. (a) Anatomical Board (b) Date thereof OCT 31 1948
(c) Place: burial or cremation Rowland Mortuary Service

18. (a) Signature of funeral director
(b) Address 4104 Manchester Ave.

19. (a) OCT 31 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County oac
(c) City or town St. Louis 17
(d) Street No. 5598 Bartmer 4
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1948 hour 7:00 minute a.m.

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

Immediate cause of death Prematurity (7 mo gestation)
atelectasis
Due to
Due to

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?
(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 Arnold Sklem (M. D. or other) MS
Address 2139 S. Kingshighway Date signed 9/21/48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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.