

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2802

FILED JAN 29 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 10

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.	

3. NAME OF DECEASED (Type or Print)	a. (First) PAUL	b. (Middle) MESZ	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1..1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 31 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) HUNGARY	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ADAM MESZ	13b. MOTHER'S MAIDEN NAME KATHERINE SCHMIDT	14. NAME OF HUSBAND OR WIFE MYRTLE MESZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MYRTLE MESZ 2018 th MENARD	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mos. 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HH 3 X
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22. I hereby certify that I attended the deceased from Nov. 28, 1949, to Jan. 1, 1951, that I last saw the deceased alive on Jan. 1, 1951, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE Paul T. Naitano	(Degree or title) M.D.	23b. ADDRESS 5400 Arsenal St.	23c. DATE SIGNED 1/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 4 1951	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. JAN 2 1951	REGISTRAR'S SIGNATURE J. B. Forster	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes	ADDRESS 2906 Bravois
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Handwritten mark

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

James C. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Duane

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.