

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10417**
Registrar's No. **2015**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 7714 Minnesota	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Mees	4. DATE OF DEATH (Month) (Day) (Year) 2 27 51
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1888	9. AGE (In years last birthday) 62	10. MONTH (Day) (Year) 4 23	11. IF UNDER 18: Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner	10b. KIND OF BUSINESS OR INDUSTRY Mongento Chem.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mees	13b. MOTHER'S MAIDEN NAME Barbara Mees	14. NAME OF HUSBAND OR WIFE Francis Mees
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497013035	17. INFORMANT'S SIGNATURE OR NAME Francis Mees	ADDRESS 7714 Minnesota
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis		12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Appendix DUE TO (c)		12 hrs.
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 530.1
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22. I hereby certify that I attended the deceased from **2/24, 1951**, to **2/27, 1951**, that I last saw the deceased alive on **2/27, 1951**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael L. Bartmire M.D.	23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 2/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-2-51	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
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DATE REC'D BY LOCAL REG. MAR 2 1951	REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	ADDRESS 7420 Michigan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten signature

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 Ronald O Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis

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.