

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

State File No. **10424**
2833

318

1003

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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. LENGTH OF STAY (in this place) 73 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3842a Ashland Ave.				d. STREET ADDRESS (If rural, give location) 3842a Ashland Ave.				
3. NAME OF DECEASED (Type or Print) Ida			a. (First)		b. (Middle)		c. (Last) Mesger	
4. DATE OF DEATH		(Month) March		(Day) 26		(Year) 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 20 1878		
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____		IF UNDER 12 HRS. Days _____		Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME Rudolph Pauge			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE August F. Mesger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Miss Charlotte Mesger, 3842a Ashland Ave.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Senility Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 4/3 ix Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2:00 p.m. March 25, 1951 4:20 a.m. March 26, 1951	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)				
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? _____				
22. I hereby certify that I attended the deceased from 1938 , to March 26, 1951 , that I last saw the deceased alive on March 25, 1951 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE D. J. H. Sewing			(Degree or title) D.C. I		23b. ADDRESS 5342 W. Flouissant Ave.		23c. DATE SIGNED Mar 27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE March 29 1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE Mar 27 1951 J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.					

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

5342 WA FLORIDA
9:30 AM TUESDAY

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 Way L. Warfel

Signed
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.