No. 300
10.48

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33229

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8806

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deaconess Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holyroad 8150
d. STREET ADDRESS (If rural, give location): Holyroad, Kansas

**3. NAME OF DECEASED** (Type or Print)
a. (First): Martin
b. (Middle): K.
c. (Last): Mehl

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 19, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 24, 1911
**9. AGE** (In years last birthday): 41 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Foreman
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Holyroad, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Mehl
**13b. MOTHER'S MAIDEN NAME**: Augusta Christian
**14. NAME OF HUSBAND OR WIFE**: Mrs. Bertha Mehl

**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.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Bertha Mehl Holyroad, Kan.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Tumor

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Malignant
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

**19a. DATE OF OPERATION**: 9 Sept 52
**19b. MAJOR FINDINGS OF OPERATION**: Same
**20. AUTOPSY?** YES ☑ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 193X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:20 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert A. Woolsey M.D.
**23b. ADDRESS**: 16 Hampton Alley
**23c. DATE SIGNED**: 20 Sept

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 5
**24b. DATE**: 9-23-1952
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peters Luth. Cem.
**24d. LOCATION** (City, town, or county) (State): Holyroad, Kansas

**DATE REC'D BY LOCAL REG.**: SEP 22 1952
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1952

## 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 Glen H. Hatz

Signed.....
Student Embalmer

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

**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.**