

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7778

1871

FILED MAR 11 1953		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1871
BIRTH NO. _____				
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo 2069</i>		
c. LENGTH OF STAY (in this place) <i>3 days</i>		d. STREET ADDRESS (If rural, give location) <i>6 5143 Ridge Ave</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i>		b. (Middle) <i>L.</i>		c. (Last) <i>MEHAGAN</i>
4. DATE OF DEATH		(Month) (Day) (Year) <i>FEBRUARY 16, 1953</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Dec 29 1858</i>	9. AGE (In years last birthday) <i>94</i>
		<i>1</i>	<i>18</i>	<i>18</i>
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <i>book keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis, Mo & Chicago, Illinois</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>John Mehan</i>		13b. MOTHER'S MAIDEN NAME <i>Don't know</i>		14. NAME OF MARRIAGE OR WIFE <i>Emma Mehan</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. M. Newfute</i>
				ADDRESS <i>5143 Ridge Ave</i>
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) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral arteriosclerosis</i>		
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Euphymeria Senile</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>332X</i>
22. I hereby certify that I attended the deceased from <i>2-14-53</i> , 19__, to <i>2-16-53</i> , 19__, that I last saw the deceased alive on <i>2-16-53</i> , 19__, and that death occurred at <i>5:40 A.M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>John M. Wallace, M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>		23c. DATE SIGNED <i>2-16-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>2/18/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Callegonian's Center</i>
				24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
DATE REC'D BY LOCAL REG. <i>FEB 17 1953</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. A. Howard</i>
				ADDRESS <i>1619 S. Grand</i>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joe A. Howard

Licensed Embalmer No. 4139

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.