

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6552**
Registrar's No. **2060**

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.) b. STATE Mo. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 711 Geyer	

3. NAME OF DECEASED (Type or Print) s (First) Peter b. (Middle) Mebes. c. (Last) Mebes.	4. DATE OF DEATH (Month) (Day) (Year) Mar. 5 1954.
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20 1886	9. AGE (In years last birthday) 67	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) Butcher	10b. KIND OF BUSINESS OR INDUSTRY American Packing	11. BIRTHPLACE (City and State or Foreign Country) Austria-Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.G.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Mebes	14. NAME OF HUSBAND OR WIFE Anna Mebes 711 Geyer
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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. 494-05-6446	17. INFORMANT'S SIGNATURE OR NAME Anna Mebes	ADDRESS 711 Geyer Av.
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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) Carcinoma of urinary bladder		within 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized			

19a. DATE OF OPERATION 3-4-54	19b. MAJOR FINDINGS OF OPERATION Extensive involvement of pelvic organs due to spread of cancer.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., floor 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X
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22. I hereby certify that I attended the deceased from **3-16-** 19**53**, to **3-4-** 19**54**, that I last saw the deceased alive on **3-4-** 19**54**, and that death occurred at **2** ^{**13**}/_{**9**} m., from the causes and on the date stated above.

23a. SIGNATURE Andy Hall, Jr.	(Degree or title) M.D.	23b. ADDRESS University Club Bldg. St. Louis Mo.	23c. DATE SIGNED 3-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-8-54	24c. NAME OF CEMETERY OR CREMATORY Sunset Bur. Pk.	24d. LOCATION (City, town, or county) (State) St. Louis Co. 770
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DATE REC'D BY LOCAL REG. MAR 5 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE McMill Bro. & Nls	ADDRESS 2929 S. Jefferson
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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.....
Signature of Student Embalmer

Signed.....
D. M. Davis

Licensed Embalmer No. *324*
P. O. Address *2929 S. J*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.