

318

1003

6391

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? Yes No
City of St. Louis. St. Louisd. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) e. STREET ADDRESS (If rural, give location)
St. Louis Chronic Hosp. 13 5800 Arsenal St. 21893. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) HERMAN C. MEHLEM July 13 19545. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 1 HR. Days Hours Min.
Male White Widower 1-23-78 7610a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) 12. CITIZEN OF WHAT COUNTRY?
retired none St. Louis, Mo. U.S.A.13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
Andrew Mehlem Caroline Bothe Deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
No Unknown Mr. Adolph G. Mehlem, 4166 Lee Avenue18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES Generalized Arteriosclerosis.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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 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 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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?
4201

22. I hereby certify that I attended the deceased from 10-7-1948, to 7-13-1954, that I last saw the deceased alive on 7-13-1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
Palmer Business Bowditch M.D. 5800 Arsenal Street. 7/13/5424a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
Removal July 15, 1954 Memorial Park Cemetery St. Louis County, MissouriDATE REC'D BY LOCAL REG. JUL 14 1954 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Math Hermann & Son, Inc., 2161 E. Fair Ave

(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.....
Signature of Student Embalmer

Signed *D. M. Davis*.....

Licensed Embalmer No. *3741*.....

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