

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24955

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6273

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7326 Pennsylvania 2019</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernestine</u>		b. (Middle)		c. (Last) <u>MESPLAY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1954</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 20, 1887</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jacob Kuehner</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Mesplay</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Mesplay, 7326 Pennsylvania</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Duodenal Ulcer</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary artery disease</u>	
DUE TO (c)		DUE TO (c)		3 mos.	
DUE TO (c)		DUE TO (c)		2 yrs	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>Jan 1954</u> to <u>July 10, 1954</u> that I last saw the deceased alive on <u>July 9, 1954</u> and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u>		23b. ADDRESS <u>421 W. Schirmer</u>		23c. DATE SIGNED <u>7-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>JUL 12 1954</u>		24f. REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u>		24h. ADDRESS <u>7420 Michigan Ave.</u>			

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 *Neal Morris*.....

Licensed Embalmer No. *330*.....

P. O. Address *St. La*.....

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..