

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20239

State File No.

FILED JUN 20 1955

Registrar's No. **4636**

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).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **90 yrs.**
c. CITY OR TOWN **St. Louis** d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **4980 Berthold Avenue**
e. STREET ADDRESS (If rural, give location) **4980 Berthold Avenue** *2049*

3. NAME OF DECEASED a. (First) **Emily** b. (Middle) **Elizabeth** c. (Last) **Mesloh**
4. DATE OF DEATH (Month) (Day) (Year) **May 25 1955**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow**
8. DATE OF BIRTH **May 16 1865** 9. AGE (In years last birthday) **90 yrs** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**
10b. KIND OF BUSINESS OR INDUSTRY **at home**
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Sieg** 13b. MOTHER'S MAIDEN NAME **Katherine Appel** 14. NAME OF HUSBAND OR WIFE **Herman Mesloh**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **no**
16. SOCIAL SECURITY NO. **--**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Miss Emma Sieg, 4980 Berthold Avenue**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
ANTECEDENT CAUSES **Generalized Atherosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Senility**
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 **2 days**
years

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) _____ 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 **Apr 19 1950** to **25 May, 1955**, that I last saw the deceased alive on **23 May 1955**, and that death occurred at **1:45 p.m.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) **George W. Millitt M.D.** 23b. ADDRESS **4501^e Manchester** 23c. DATE SIGNED **26 May 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/27/55** 24c. NAME OF CEMETERY OR CREMATORY **New Picker Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **MAY 26 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Beidervieden F.H.Inc., 1936 St. Louis Ave.**

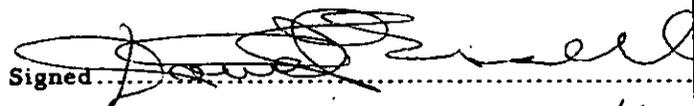
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. L. M. Webb,
4501a Manchester Ave.,
Hrs. 1-3 daily
phone

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  _____

Licensed Embalmer No. 450

P. O. Address St. Louis

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.