

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022619

STATE FILE NUMBER

JUL 14 1959 Registration District No. 316 Primary Registration District No. ~~600~~ Registrar's No. 252

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) or STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kirkwood |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 | | Length of stay in 1b 8Y;9M;11das. | d. STREET (If outside, give location) ADDRESS Route 13 |
| 3. NAME OF DECEASED (Type or print) First MARY Middle Last MEHR | | 4. DATE OF DEATH Month June Day 26 Year 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 15, 1868 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work - never employed. | | 9b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 90 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work - never employed. | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Jacob, Illinois |
| 13a. FATHER'S NAME Jacob Mehr | | 13b. MOTHER'S MAIDEN NAME Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 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. None | 14. NAME OF HUSBAND OR WIFE None |
| 17. INFORMANT Records, State Hospital No. 4, Farmington, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH Abt. 14 das. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis and senility | | | Unknown |
| DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with cerebral arteriosclerosis. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Sept. 15, 1950 to June 26, 1959 and last saw her ^{her} him alive on June 26, 1959 Death occurred at 9:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>John W. Brennan, M.D.</i> | | 22b. ADDRESS State Hospital No. 4 Farmington, Missouri | 22c. DATE SIGNED 6-26-59 |
| 23a. BURIAL OR CREMATION Burial | 23b. DATE June 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Highland City Cem. | 23d. LOCATION (City, town, or county) (State) Highland, Illinois |
| 24. FUNERAL DIRECTOR Harris Funeral Home, 920 9th St. Highland, Ill. | | 25. DATE RECD. BY LOCAL REG. June 30, 1959 | 26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i> |

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 *Dale L. Christman*

Licensed Embalmer No. *8514*

P. O. Address *Highland, Ill*

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.