

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037866

FILED VS NOV 3 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9631**

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>               |  | Length of stay in 1b<br><b>2 mo. 9 days</b>  | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Chronic Hosp.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   | d. STREET ADDRESS <b>4924 Lilburn</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Helena</b> Middle <b>Mechlenburg</b> Last <b>Mechlenburg</b>          |                                  |   | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>20</b> Year <b>59</b> |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-10-1862</b>                             | 9. AGE (last birthday)<br><b>97</b>                                 | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b>            |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Ill.</b>           | 12. CITIZEN OF WHAT COUNTRY<br><b>usa</b>                         |
| 13a. FATHER'S NAME<br><b>Adam Lebruecher</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Eva ?</b>   |  | 13c. NAME OF HUSBAND OR WIFE<br><b>Julius J. Mechlenburg, Jr.</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br><b>Julius J. Mechlenburg, Jr. 4924 Lilburn Mo.</b> |   |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 mo.</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>151x</b>                    |  |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic Heart Disease - 2 1/2 mo.</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|---|--|

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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       |   |  |  |

|   |  |  |                            |                     |
|---|--|--|----------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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<br><b>St. Louis</b> | COUNTY<br><b>St. Louis</b> | STATE<br><b>Mo.</b> |
| 21. I attended the deceased from <b>8-10-59</b> to <b>10-20-59</b> and last saw her/him alive on <b>10-20-59</b><br>Death occurred at <b>6:35 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                            |                     |

|  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>John W. Beckham, M.D.</b> | 22b. ADDRESS<br><b>5800 Arsenal</b> | 22c. DATE SIGNED<br><b>10/20/59</b> |
|--|-------------------------------------|-------------------------------------|

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Thursday 10/22/59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olive Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Mo.</b> |
|--|---------------------------------------|---|--|

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| 24. FUNERAL DIRECTOR<br><b>Sue Campbell Mortuary 5165 Delmar</b> | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 21 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Wm. D. Densley  
Licensed Embalmer No. 3683

P. O. Address St. Louis 8

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.