

FILED VS NOV 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

V.S. 300
Rev. 1-56

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Affton 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Baptist Hosp.		d. STREET ADDRESS 9120 Jonmar Ct.	
3. NAME OF DECEASED (Type or print) First Middle Last John J. Mengersen		4. DATE OF DEATH Month Day Year Oct. 16, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 20, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired maintenance		10b. KIND OF BUSINESS OR INDUSTRY Man Wagner Electric.	11. BIRTHPLACE (City and state or country) St. Louis, Mo
13. FATHER'S NAME August Mengersen		14. MOTHER'S MAIDEN NAME Christine Deventer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. unk	17. INFORMANT Mrs. Clara Mengensen 9120 Jonmar Ct
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 155-1 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 mos
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 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	COUNTY STATE
21. I attended the deceased from Jan 59 to Oct 16/59 and last saw her alive on Oct 16/59 Death occurred at 8:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Dalton MD		22b. ADDRESS 453 N Taylor St. St. Louis	22c. DATE SIGNED 10/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation	23b. DATE Oct. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City/Town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. OCT 19'59	26. REGISTRAR'S SIGNATURE Kearl Smith, M.D.

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: *Louis Van Fossan*

Licensed Embalmer No. *4242*

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.