

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6564

1. DATE OF DEATH JUL 26 1961

a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MO.** Length of stay in lb **34 Days**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **#####**

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **3325 Montgomery St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

**GEORGE H. MESTER** **JULY 13 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **10/22/1875** 9. AGE (last birthday) **85**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Laborer** 11. BIRTHPLACE (City and state or country) **Quincy Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edward L. Mester** 13b. MOTHER'S MAIDEN NAME **Anna M. Gross** 14. NAME OF HUSBAND OR WIFE **Divorced**

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** 17. INFORMANT **Ross Mester, P.O. Box 98 Bland 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) **Purulent Bronchitis & Bronchopneumonia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) **502.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY- Hour Month, Day, Year a.m. p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **JUNE 8, 1961** to **JULY 13, 1961** and last saw her/him alive on **JULY 13, 1961** Death occurred at **6:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *John M. Durouff M.D.* (Degree or title) 22b. ADDRESS **1515 LAFAYETTE AVE.** 22c. DATE SIGNED **7/13/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7/15/61** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Charles, Mo.**

24. FUNERAL DIRECTOR **Collier Mortuary, St. Ann, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **JUL 14 1961** 26. REGISTRAR'S SIGNATURE *Loan Smith, M.D.*

DATE AMENDED \_\_\_\_\_

INSTEAD OF \_\_\_\_\_

DOCUMENT \_\_\_\_\_

MEDICAL CERTIFICATION \_\_\_\_\_

SHOULD READ \_\_\_\_\_

BY AFFIDAVIT OF \_\_\_\_\_

ITEM NO. \_\_\_\_\_

**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 Sheldon Collier

Licensed Embalmer No. 3382

P.O. Address St. Ann

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.