

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1010
Do not use this space.

FEB 12 1938

791
1002

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 1130 Doyer Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edith Meding 3-2

(a) Residence, No. 1130 Doyer Place St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 20th. 1880.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machine Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Enameling Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Henry Meding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Helen Camin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Erich Meding
1130 Doyer Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE Jan. 26th. 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED JAN 25 1938 19 J. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd. 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1938, to 1-23, 1938

I last saw h. alive on 1-23, 1938. Death is said to have occurred on the date stated above, at 3.15 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Chr. Myo carditis 8

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Geo. Beck M. D.

(Address) 3547 Utah St.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Ohyland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. 2645 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Frank J. Ohyland
Licensed Embalmer No. 2645

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.)