

30 MAR 16 1939

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

7614  
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 3035 Registered No. 206  
 (c) City Richmond Mo. (d) Street No. \_\_\_\_\_ 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

Louis Z. Megede

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow OW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 - 1939

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

22. I HEREBY CERTIFY That I attended deceased from Feb 11 - 1939 to Feb 11 - 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1862

I last saw him alive on Feb 11 - 1939. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 10 28

to have occurred on the date stated above, at 5:30 PM.

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

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

Date of onset 930

Other contributory causes of importance:  
Chronic Myocarditis, Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Stenic Was there an autopsy? No

FATHER 13. NAME Louis Megede  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Isabella Dollinger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louis Megede Jr.  
 (ADDRESS) Richmond Mo.

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. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE Feb. 14 th. 1939

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR J. B. Brothers  
 (ADDRESS) Richmond Mo.

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) E. B. Gray, M. D.  
 (Address) Richmond Mo.

20. FILED 3-1 1939 Maup. McDonald  
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
File Number  
62/39  
Filed

STATEMENT BY LICENSED EMBALMER

I, J.B. Brothers, Licensed Embalmer No. 2001

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No.

working under my personal supervision.

Signed J.B. Brothers

Licensed Embalmer No. 2001

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)