

BUREAU OF THE CENSUS  
FILED JAN 8 1941

Registration District No. 104

Primary Registration District No. 116

Registrar's No. 2469

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Anterie Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")

(d) Street No. Anterie Rd  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Henry Medley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28  
year 1940 hour 11 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ellie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 18 1861  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

79 1 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Myocarditis

Due to 108

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business nil

12. Name Henry Medley

13. Birthplace unk  
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Lobar Pneumonia of Left Lung

16. (a) Informant Rachel Medley

(b) Address Anterie Rd. N.P. MO

17. (a) Burial (b) Date thereof 12/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Louis H. Hoff

(b) Address 131 W. Marguerite St. St. Louis, Mo.

19. (a) DEC 28 1940 (b) H. Medley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Louis H. Hoff (M. D. or other) \_\_\_\_\_  
Address Bellemead, Mo. 10 Date signed 12/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

*Julius M. Meyer*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Julius M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *340 W. Adams*  
*W. Edward, 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 this body is not embalmed, fact should be so stated above.**