

FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/1/41 to 1/3/41
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 617 Chouteau
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Jerry Mead

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 18 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 16 hr. min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Clifford Mead
18. Birthplace Annapolis, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Christina Johnson
15. Birthplace Fulton, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant A. Lane.
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof January 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) JAN 4 1941 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd
year 1941 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from 1/1/41
_____ 19 _____ to 1/3/41 _____ 19 _____
that I last saw him alive on 1/3/41 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration
organism not determined

Due to _____
Due to _____

Other conditions urticaria
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no autopsy

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. Maxwell (M. D. or other)
Address Isolation Hospital Date signed 1-3-40

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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, above space should be left blank.