

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1422

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2518 Bass Avenue 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2518 Bass Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME JOSEPH F. MEIDEL

3. (b) If veteran, name war none 3. (c) Social Security No. 494-05-6274

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased July 29 1888  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Shreveport Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Fulton Iron

12. Name Fred Meidel

13. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Uniontown 9

15. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Meidel

(b) Address 2518 Bass Ave. Overland, Mo.

17. (a) Burial (b) Date thereof 9-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Shirley Ann Bros. Inc.  
(b) Address 2504 Woodrow Wilson Overland, Mo.

19. (a) SEP 15 1942 (b) J. E. McNamee  
(Date received final report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1  
1942 to Sept 13 19 42  
that I last saw him alive on Sept 11 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility 61

Due to Diabetes Mellitus

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 C. E. Sterling (M. D. or other) MD  
Address 2050 Mo. S. Rd. Date signed 9-15-42

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

96  
13  
1

me

707

SEP 29 1942

SEP 30 1942

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.