S. No. 2
M—5-42
V—5-17-39
232873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 190

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 7651

Registrar's No. 468

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1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days
In this community: In County since Feb. 4, 43 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery 70

(c) City or town: Zalma 5
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: David Meadows

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Unknown

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Jan 22, 1867 (Month) (Day) (Year)

8. AGE: Years 76 | Months 0 | Days 28 | If less than one day: hr. min.

9. Birthplace: Indiana (City, town, or county) / (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business: Unknown

FATHER
12. Name: Andrew Meadows
13. Birthplace: Indiana (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Mary Mitchell
15. Birthplace: Indiana (City, town, or county) / (State or foreign country)

16. (a) Informant: Pine Crest Home
(b) Address: Ballwin, Mo. Box 12

17. (a) (Burial, cremation, or removal) (b) Date thereof: 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington U.

18. (a) Signature of funeral director: [illegible]
(b) Address: [illegible]

19. (a) MAR 3 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 16th
year: 1943 hour: 10 minute: 05 M.

21. I hereby certify that I attended the deceased from Feb 4th 19 43 to Feb 16th 19 43
that I last saw h. alive on February 15th 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis — Duration:

Due to:

Due to:

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 1310
Of autopsy:

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

23. Signature: R. M. Jansen (M. D. or coroner)
Address: Manchester, Mo Date signed: 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.