S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41607

Primary Registration District No. 1000

Registrar's No. 1304

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 6th St Viaduct /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2024 So 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Elmo Meidinger

3. (b) If veteran, name war —

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

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 Oct (Month) 25 (Day) 1891 (Year)

8. AGE: Years 52 | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Park Dept 1 Nov

11. Industry or business City 29

FATHER
12. Name J. W. Meidinger
13. Birthplace Freeport (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Mary Helen unknown
15. Birthplace unknown (City, town, or county) Mich. (State or foreign country) 1

16. (a) Informant John Meidinger
(b) Address St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Flaman & Son Mo
(b) Address St Joseph Mo.

19. (a) 12-2-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 7 minute 15 P M.

21. I hereby certify that I ~~attended~~ the deceased ~~from~~ on Nov 29, 1943 to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple fractures of the frontal and right parietal bones of the skull, with fatal intra cranium

Due to hemorrhage and loss of brain substance

Other conditions (Include pregnancy within 3 months of death) Man was instantally killed while riding in an automobile driven by another man, when the automobile struck the abutment of viaduct wall

Major findings: Of operation
Of autopsy NO I

Duration 1 day

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) Accident 131

(b) Date of occurrence Nov 29 - 1943

(c) Where did injury occur? St Joseph (City or town) Buch (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At North aproach of viaduct.
(Specify type of place)

While at work? NO (e) Means of injury Automobile

23. Signature H F Mundy 3 (M. D. or other) Coroner

Address 404 So 3d St St Joseph, Mo Date signed 12/1/43

(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.