

No. 2
-12-45
-5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9408

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)

In this community 26 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ralph Edwards Meddows

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex M Color or race W

5. Color or race _____

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

6. (b) Name of husband or wife Freddie

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 23, 1904
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>42</u> | <u>2</u> | <u>9</u> | hr. _____ min. |

9. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Spray Painter
American Car Company

11. Industry or business _____

MOTHER FATHER

12. Name Gus Meddows

13. Birthplace Lincoln County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Maruice

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Freddie Meddows

(b) Address 329a St. George Street

17. (a) Cremation (b) Date thereof 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A.W. McLaughlin
2501 Lafayette Avenue

(b) Address _____

19. (a) NOV 4 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 329a St. George Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd
year 1946 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from 9/16/46
19. to Nov. 2nd, 19. 46

that I last saw h im alive on Nov. 2nd, 19. 46
and that death occurred on the date and hour stated above.

Immediate cause of death Glenzgren of trauma
due to

Due to myxomatous degeneration of aortic valve

Due to _____

Other conditions 1946
(Include pregnancy within 3 months of death)

Major findings: as above E. reserata
of glenogranium flum

Of autopsy as above

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 J. Thomer (M. D. or other) _____
1515 Lafayette 11/2/46
Address Date signed

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.....

C W Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

301 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, fact should be so stated above.