

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital - Dr. C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether \_\_\_\_\_)  
In this community 20 years  
(years, months or days)

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. 2933 Henrietta Avenue  
Memorial (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED MEDLOCK  
3. (b) If veteran, name war nil 3. (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased June 21, 1908  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
38 8 18 hr. min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 9th  
year 1947 hour 1:00 minute P M.  
21. I hereby certify that I attended the deceased from 3/7/47  
to 3/9/47 19\_\_\_\_ to 3/9/47 19\_\_\_\_  
that I last saw h. im alive on 3/9/47 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration \_\_\_\_\_  
Pneumococcal meningitis,  
acute, purulent.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace: Cedar Grove, Missouri (City, town, or county) (State or foreign country) 0  
10. Usual occupation Salesman  
11. Industry or business \_\_\_\_\_  
12. Name Gus Medlock  
13. Birthplace Cedar Grove, Missouri (City, town, or county) (State or foreign country) 0  
14. Maiden name Belle Feagan  
15. Birthplace Osage County, Missouri (City, town, or county) (State or foreign country) 0  
16. (a) Informant Beulah Medlock  
(b) Address 2933 Henrietta Avenue  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-12-47 (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery  
18. (a) Signature of funeral director A.W. McLaughlin  
(b) Address 2301 Lafayette Avenue  
19. (a) MAR 10 1947 (Date received by Registrar) (b) J.F. Brebeck (Registrar's signature)

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 Warren C. Lewis, M.D. (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature Warren C. Lewis, M.D. 1515 Lafayette 3/10/47 other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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17/7  
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**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..... *JR Cooper*.....

Licensed Embalmer No. *3833*.....

P. O. Address *5301 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.