

S. No. 2  
M-147  
v. 5-17-39

State File No. 40417  
Registrar's No. 2469

FILED DEC 8 1947  
Registration District No. 19477

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
3622 Commonwealth Ave.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3622 Commonwealth Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

96  
5  
3  
0

3. (a) PRINT FULL NAME Etta Flora Meade

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 married

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan. 25 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 10 4 ..hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Albert Bennett

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

14. Maiden name Dunnie

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Meade

(b) Address 3622 Commonwealth Ave.

17. (a) burial (b) Date thereof Dec. 2, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) 12-1-47 (b) Central Pharmacy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 29 day.....  
year 1947 hour 11:12 minute..... A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1947, to Nov. 29, 1947  
that I last saw her alive on Nov. 28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Hemorrhage

Due to.....  
G. M. S.

Due to.....

Other conditions Descending Lateral Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause of 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 Thomas A. Dill (M. D. or other) MD  
Address 2546a Manchester Date signed 11-29-47

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

MOTHER FATHER

maplewood mo.

**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.....

*H. E. Sargent*

Licensed Embalmer No.....

*4029*

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.