300
-47
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1906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31261

Primary Registration District No. 1003

Registrar's No. 8224

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: 4410 Itaska, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 45 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4410 Itaska,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 15

If yes, name country

3. (a) PRINT FULL NAME Asa Mealey,

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Julia

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

7. Birth date of deceased November 11, 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation /

11. Industry or business American Stove Co.,

FATHER
12. Name Wallace Mealey
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Mayburgh,
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Mealey /

(b) Address 4410 Itaska,

17. (a) burial (b) Date thereof 9/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa,

19. (a) SEP 20 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1948 hour 12.30 A minute ___ M.

21. I hereby certify that I attended the deceased from July 19, 1948, to September 17, 1948; that I last saw him alive on September 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1/2 hour
Due to General arteriosclerosis	7/19/48+
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Bernard T. Kron (M. D. or other) MD

Address 4755 Morganford Road St Louis 16, Mo. Date signed 9/18/48

(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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.