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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38436

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10335

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4311 Hunt Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4311 Hunt Ave.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME ORIEL A. MEADE

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Annie M. Meade

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1895 (Year)

8. AGE: Years 53 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Van Buren (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business Public Service Co.

FATHER
12. Name Emil Meade
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Linda Moyer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie Meade
(b) Address 4311 Hunt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Middlebrook, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 S. Kingshighway

19. (a) NOV 29 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1948 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , 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 Tuberculosis pulmonary

Due to

Due to

Other conditions Anemia Gem.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. C. Scott (M. D. or other) D.O.

Address 4356 Manchester Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1948
10335

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 Richard W. Storrsand

Licensed Embalmer No. 4007

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.