FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1949

Registration District No. 39497

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 42830

Registrar's No. 3015

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Midland Avenue
(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 Missouri (b) County St. Louis

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

(d) Street No. Midland Avenue
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Alexander M. Meldrum

3. (b) If veteran, name war ____

3. (c) Social Security No. 493-10-9355

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marie A. Meldrum

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 25, (Day) 1883 (Year)

8. AGE: Years 65 Months 3 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation Street Car Operator

11. Industry or business St. L. Public Service

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

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

16. (a) Informant Mrs. Marie A. Meldrum

(b) Address Robertson, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/3/49 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 12-31-48 (Date received local registrar) (b) Thurid V. Lemager MD BH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Mar. 25, 1948, to Dec. 29, 1948, that I last saw him alive on Dec. 29-4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer - of Liver -	1 yr.
Due to ? 46	
Due to 15	
Other conditions: Bowel obstruction (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations Same - Cancer of Liver
Of autopsy None

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 R.R. Walther (M. D. ~~or other~~)

Address 2438 Woodson Rd Date signed 12-31/48

(Licensed Embalmer's Statement on Reverse Side)

2438 Woodson Rd.

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 Albert R. Thompson

Licensed Embalmer No. 42 37

P. O. Address St Louis

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.