

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11564**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1132</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp. 0</u>				d. STREET ADDRESS (If rural, give location) <u>1901 Angelique Street 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Meredith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 12 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-25-1883</u>	
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Columbia - Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Meredith</u>		13b. MOTHER'S MAIDEN NAME <u>Syrdilla Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Meredith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emineth Meredith 1901 Angelique</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Hypostatic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Other Conditions:</u> <u>Intertrochanteric Fracture</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Left Femur fracture, Paresis</u>				Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8920</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ADDITIONAL SUPPLEMENTARY INFORMATION			
22. I hereby certify that I attended the deceased from <u>March 24, 1949</u> , to <u>April 12, 1949</u> , that I last saw the deceased alive on <u>April 12, 1949</u> , and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above: <u>WATSON</u>							
23a. SIGNATURE (Degree or title) <u>Wm W. Henry M.D.</u>				23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u>			
23c. DATE SIGNED <u>April 19 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		DATE REC'D BY LOCAL REG. <u>April 19, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm H. Alexander St. Joseph, Mo.</u>	

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

JUN 7 1940

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, Mo.

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.