

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10809

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2642**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3951 Cleveland Av</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b> b. (Middle) <b>Carl</b> c. (Last) <b>Mederacke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 Mar 18 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29 1879</b>
9. AGE (In years last birthday) <b>70</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Carl Mederacke</b>	
13b. MOTHER'S MAIDEN NAME <b>Minna Ronge</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Mederacke</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>49a-10-10189</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Martha Mederacke</b>		ADDRESS <b>3951 Cleveland</b>	

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) <b>Chronic Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Hypertension</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <b>592A</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **3/6**, 19**50**, to **3/18**, 19**50**, that I last saw the deceased alive on **3/18**, 19**50**, and that death occurred at **11 30** m., from the causes and on the date stated above.

23a. SIGNATURE **W. C. Harrison** (Degree or title) 23b. ADDRESS **3012 Lafayette** 23c. DATE SIGNED **3/19/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3-22-50** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Pl.** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE **J. B. Farver** 25. FUNERAL DIRECTOR'S SIGNATURE **Walt Brody** ADDRESS **2924 S. Jefferson**

MAR 20 1950

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

**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.

Student .....  
Student Embalmer

Signed *D. M. Davis*

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.