

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31814

FILED OCT 5 1950

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State File No.

Registrar's No. 7967

BIRTH NO. 26250-49 REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
c. LENGTH OF STAY (in this place) 10 mos.		d. STREET ADDRESS (If rural, give location) W 4028 N. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) Medlock c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Nov. 19, 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 1	IF UNDER 1 HR. Hours 1	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward Medlock	13b. MOTHER'S MAIDEN NAME Louise McPhail	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward Medlock	ADDRESS 4028 N. Broadway
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 340.3
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22. I hereby certify that I attended the deceased from Sept 12, 1950, to Sept 20, 1950, and I last saw the deceased alive on Sep 20, 1950, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE A. M. ...	(Degree or title)	23b. ADDRESS 1918 9th St. ...	23c. DATE SIGNED 9-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Community Cemetery	24d. LOCATION (City, town, or county) (State) Quiln, MO.
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DATE REC'D BY LOCAL REG. SEP 20 1950	REGISTRAR'S SIGNATURE J. ...	25. FUNERAL DIRECTOR'S SIGNATURE SUEMEYER & SON'S	ADDRESS 3934 N. 20 Street
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(Licensed Embalmer's Statement on Reverse Side)

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Meville B. Frohwitter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th St.

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.