

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39420

No. 300
10-487

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2761

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2230	
b. CITY (If outside corporate limits, write RURAL and give township) Ballwin		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home		d. STREET ADDRESS (If rural, give location) 1723 S. Jefferson	

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle)	c. (Last) Mealer	4. DATE OF DEATH (Month) (Day) (Year) November 11, 1950
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH May 25, 1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Moody	13b. MOTHER'S MAIDEN NAME Sarah Carr	14. NAME OF HUSBAND OR WIFE Charles Mealer, dec.
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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)	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Pine Crest Home Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Chronic myocarditis		
	DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia			2 yrs
			1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 443X
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22. I hereby certify that I attended the deceased from **10/15/50** to **11/11/50**, that I last saw the deceased alive on **11/9/50**, 19**50**, and that death occurred at **5450 m.** from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 11/13/50
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE 11-15-50	24c. NAME OF CEMETERY OR CREMATORY antoinette Bd	24d. LOCATION (City, town, or county) (State) St. Louis Medical School
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DATE REC'D BY LOCAL REG. 11-17-50	REGISTRAR'S SIGNATURE Herbert R. Danke MD	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Services Inc.	ADDRESS 4104 Manchester Ave. St. Louis 190 Mo.
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RWR (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

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.