

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42594

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

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10447

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>1</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u><br>b. COUNTY <u>2190</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>9 TOWN ST. LOUIS</u>   |  |
| c. LENGTH OF STAY (In this place)   |  | d. STREET ADDRESS (If rural, give location) <u>4426<sup>e</sup> HOLLY AVE</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4426<sup>e</sup> HOLLY AVE</u>             |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>M.</u> c. (Last) <u>MEARLEY</u> |  |  | 4. DATE OF DEATH (Month) <u>DEC.</u> (Day) <u>5</u> (Year) <u>1950</u> |  |
|---|--|--|--|--|

|                      |  |                               |  |   |  |                                      |  |   |  |   |  |   |  |                                       |  |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|---|--|---|--|---------------------------------------|--|
| 5. SEX <u>FEMALE</u> |  | 6. COLOR OR RACE <u>WHITE</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> |  | 8. DATE OF BIRTH <u>NOV. 28-1875</u> |  | 9. AGE (In years last birthday) <u>75</u> |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> |  | 11. BIRTHPLACE (State or foreign country) <u>MO</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |  |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|---|--|---|--|---------------------------------------|--|

|   |  |  |   |  |  |   |  |  |
|---|--|--|---|--|--|---|--|--|
| 13a. FATHER'S NAME <u>JOHN McGINNISS</u>                                |  |  | 13b. MOTHER'S MAIDEN NAME <u>MARY A. ORMSBY</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>JOHN J. MEARLEY</u>  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ |  |  | 16. SOCIAL SECURITY NO. _____                   |  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Blanche Augustin</u> ADDRESS <u>7628 Delmar Bl</u> |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PULMONARY EDEMA.</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 DAY</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>CONGESTIVE HEART FAILURE</u> |  | <u>1 yr.</u>                                  |  |
|  |  | DUE TO (c) _____  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |  |
| 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) _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>4311</u>                                |  |

22. I hereby certify that I attended the deceased from 10-8<sup>00</sup>, 1950, to 12-5, 1950, that I last saw the deceased alive on 10-3<sup>00</sup>, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

|   |  |                                    |  |  |  |
|---|--|------------------------------------|--|--|--|
| 23a. SIGNATURE <u>Quinn O. White</u> (Degree or title) <u>WHITE</u> |  | 23b. ADDRESS <u>1194 Hodge Ave</u> |  | 23c. DATE SIGNED <u>12-6-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>             |  | 24b. DATE <u>DEC 9-1950</u>        |  | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>                   |  |
|   |  |                                    |  | 24d. LOCATION (City, town, or county) <u>ST. LOUIS</u> (State) <u>MO</u> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>8 1950</u> |  | REGISTRAR'S SIGNATURE <u>J. B. Rosater</u> |  | GENERAL DIRECTOR'S SIGNATURE <u>P. Muller</u> ADDRESS <u>5165 Delmar Bl</u> |  |
|--|--|--|--|---|--|

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 Allen Davis, Jr.

Licensed Embalmer No. 4953

P. O. Address St Louis, 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.