

STANDARD CERTIFICATE OF DEATH

XC-None filed 17 1951

Reg.# 90277  
Ser.# 1570 431

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>WILLIAMSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HERRIN</b>	
c. LENGTH OF STAY (In this place) <b>39 days</b>		8170	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>2021 N. Park Ave.,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>0</b>	c. (Last) <b>MEADOR</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>1</b> <b>2</b> <b>51</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>2-12-92</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>SHARON GROVE, KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOHN MEADOR</b>	13b. MOTHER'S MAIDEN NAME <b>ANGELINE THOMASTIENER</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VAHOSP.RECORDS,JEFF.BRKS,MO.</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTHS</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>CARCINOMA OF RIGHT BUCCAL MUCOSA</b>	ANTECEDENT CAUSES		
<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>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <b>12-15-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA BUCCAL MUCOSA, INVASION MAXILLARY SINUS</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-25-50**, 19\_\_\_, to **1-2-51**, 19\_\_\_, and that death occurred at **11:55A** am., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>1-3-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>	24d. LOCATION (City, town, or county) (State) <b>JEFF. BRKS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-3-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER U&amp;L COMPANY, St. Louis, Mo.</b>	ADDRESS
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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

*Linus C. Hoffmuth*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.