No. 300
10.48

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

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10322

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2845

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 2919 a Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 2919a Madison St.

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) c. (Last) Meriwether

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 52

5. SEX M

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH 8-31-1894

9. AGE (In years last birthday) 57 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blind

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cairo Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Troy Meriwether

13b. MOTHER'S MAIDEN NAME Nannie Cook

14. NAME OF HUSBAND OR WIFE Susie Meriwether (Dead)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): War I

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Dorthy Wilson — **ADDRESS** 3058a Cass Ave.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — 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) Cerebellar Apoplexy

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 ☑ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 33 4 X

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Patrick E Kaylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark.

23c. DATE SIGNED 3.26.52.

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 3-28-52

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo

DATE REC'D BY LOCAL REG. MAR 26 1952

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Gus Howe — **ADDRESS** 2930 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

m/3

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 Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldin

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.