

STANDARD CERTIFICATE OF DEATH

40509

State File No.

S. No. 300
v. 10.48

FILED DEC 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10328**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (If this place) 4 days d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Clayton 4442 d. STREET ADDRESS (If rural, give location) #1 Tooton Way	
3. NAME OF DECEASED (Type or Print) DR. ROBERT L. MEADOR		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1952	
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1906
9. AGE (In years last birthday) 46 If under 1 year: Months 9 Days 25 If under 1 min. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Reynolds, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath Phy.		10b. KIND OF BUSINESS OR INDUSTRY Own	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harvey L. Meador	
13b. MOTHER'S MAIDEN NAME Nettie M. Lovelace		14. NAME OF HUSBAND OR WIFE Irene Meador	
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 ADDRESS Irene Meador, #1 Tooton Way, Clayton			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular dis. 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 checked="" 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? 443X	
22. I hereby certify that I attended the deceased from <u>May</u>, 1952, to <u>Nov. 8</u>, 1952, that I last saw the deceased alive on <u>Nov 8</u>, 1952, and that death occurred at <u>2:20 p.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John L. Horner M.D.		23b. ADDRESS 114 N. Taylor, St. Louis 8	
23c. DATE SIGNED 11-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Entomb.	24b. DATE 11/11/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. NOV 10 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Popp Inc. Kirkwood, Mo.

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 mi

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.