

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40953

State File No.

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2828

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp

d. STREET ADDRESS (If rural, give location) 1915 No Vandeventer

3. NAME OF DECEASED
a. (First) CLAUDE
b. (Middle) D.
c. (Last) MELDRUM

4. DATE OF DEATH (Month) (Day) (Year) NOV-1-1952

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH AUG. 8 - 1890

9. AGE (In years last birthday) 62
If under 1 year: Months _____ Days _____
If under 28 hrs: Hours _____ Mins. _____

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

10b. KIND OF BUSINESS OR INDUSTRY Decorating

11. BIRTHPLACE (State or foreign country) KANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN MELDRUM

13b. MOTHER'S MAIDEN NAME EVELYN FITE

14. NAME OF HUSBAND OR WIFE HELEN MELDRUM

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ms Helen Meldrum - 1915 No Vandeventer

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7955

INTERVAL BETWEEN ONSET AND DEATH
unk

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) (Min.)

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

21f. HOW DID INJURY OCCUR?

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke (Degree or title) Local Registrar

23b. ADDRESS 651 S. Brentwood Blvd.

23c. DATE SIGNED 11-12-52

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

24b. DATE Nov. 3 - 1952

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM

24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

DATE REC'D BY LOCAL REG. 11-3-52

REGISTRAR'S SIGNATURE Herbert R. Donke - M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MULLEN UND. CO. 5165 DELMAR

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

V E Morrie

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

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.