

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33705**
Registrar's No. **8757**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give townships) St. Louis Mo.		c. LENGTH OF STAY (in this place) 2019	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4161 Filmore, St.		e. STREET ADDRESS (If rural, give location) 4161 Filmore, St.	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) L. c. (Last) Mealer			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1953.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1898
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor	11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. NAME OF HUSBAND OR WIFE Edna.	
13a. FATHER'S NAME Edward Mealer		13b. MOTHER'S MAIDEN NAME Agnes Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Edna Mealer, 4161 Filmore St.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon INTERVAL BETWEEN ONSET AND DEATH 8 mon. ANTECEDENT CAUSES DUE TO (b) _____ 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		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.) 153 X	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153 X			
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?			
22. I hereby certify that I attended the deceased from 4-13, 1953 , to 9-6, 1953 , that I last saw the deceased alive on 9-6, 1953 , and that death occurred at 1-30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Eugene H. Eddele M.D.		23b. ADDRESS +971 Chippewa	
23c. DATE SIGNED 9-8-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-7-53	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Pacific, Mo.	
DATE REC'D BY LOCAL REG. SEP 9 1953		REGISTRAR'S SIGNATURE Carl Smith Mo	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	

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.....
Signature of Student Embalmer

Signed *Ernest J. Starnes*

Licensed Embalmer No. *4780*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.