

FILED JAN 11 1956

## STANDARD CERTIFICATE OF DEATH

42403  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10663</b>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY OR TOWN <b>Overland</b>		d. 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 <b>Christian Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9001-Olden Avenue</b>							
3. NAME OF DECEASED (Type or Print) <b>Ferdinand Fred Charles</b>			a. (First)		b. (Middle) <b>Fred Charles</b>		c. (Last) <b>Meifert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 4, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 30, 1895</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice Pres.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Vane-Calvert Co</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Ferd Meifert</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Spangler</b>			14. NAME OF HUSBAND OR WIFE <b>Irene Meifert</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-05-0894</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene Meifert 9001-Olden Ave.</b>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Sept 19 53</b>			
		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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>201x</b>						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) (Min.)		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 <b>Sept 19 53</b> , 1953, to <b>Dec 4</b> , 1955, that I last saw the deceased alive on <b>Dec 4</b> , 1955, and that death occurred at <b>9:50 P</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>J. H. ...</b>					23b. ADDRESS <b>Overland, Mo.</b>			23c. DATE SIGNED <b>12-5-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-7-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Wellston, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>DEC 6 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith, M.D.</b>			25. ADDRESS <b>2504-Woodson Rd-Overland-114-Mo.</b>			25. ADDRESS <b>2504-Woodson Rd-Overland-114-Mo.</b>			

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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Coarlam*

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.