

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1957

State File No. **27955**
Registrar's No. **629**

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 486		Registrar's No. 629											
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Franklin									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Clair		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				e. STREET ADDRESS (If rural, give location) 0360													
3. NAME OF DECEASED (Type or Print)			a. (First) Herman			b. (Middle) E			c. (Last) Meader			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr 15, 1881		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months		11. UNDER 1 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher, retired				10b. KIND OF BUSINESS OR INDUSTRY US Gov't				11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME August Meader				13b. MOTHER'S MAIDEN NAME Lena Severt				14. NAME OF HUSBAND OR WIFE Anna Meader									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-Amer				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Anna Meader				ADDRESS St. Clair, Mo.					
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) Senile Psychosis - months								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) _____ DUE TO (c) General Arteriosclerosis								years					
				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 4500								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 Aug 2 , 19 57 , to Aug 19 , 19 57 , that I last saw the deceased alive on Aug 15 , 19 57 , and that death occurred at 90 m., from the causes and on the date stated above.																	
23a. SIGNATURE Dr. W. E. Kitchell M. D.						23b. ADDRESS St. Clair Mo						23c. DATE SIGNED 8/20/57					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 8-22-57				24c. NAME OF CEMETERY OR CREMATORY St. Trinity				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. 8-21-57				REGISTRAR'S SIGNATURE Alford Williams				25. FUNERAL DIRECTOR'S SIGNATURE Casey-Lenox				ADDRESS St. Clair, Mo.					

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

110

AUG 30 1957

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

R. M. Lovett

Licensed Embalmer No. 360

P. O. Address *St. Clair*

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.