

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007565
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2100

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| 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, give TOWNSHIP only) OR TOWN St. Louis, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Pronounced dead at City Hospital | | Length of stay in 1b 23 1/2 | d. STREET ADDRESS (If outside, give location) 1857 So. 12th St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Betty Sue Meschede, | | | 4. DATE OF DEATH Month Day Year February 19 1958 | |
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|-------------------|----------------------------|---|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX Female. | 6. COLOR OR RACE White, | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 11, 1941 | 9. AGE (In years last birthday) 17 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home, | 11. BIRTHPLACE (City and state or country) Doniphan, Missouri, | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Larkin Richmond, | 13b. MOTHER'S MAIDEN NAME Marie S. Greeley, | 14. NAME OF HUSBAND OR WIFE Jerome R. Meschede |
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| 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. 494-42-1831 | 17. INFORMANT John J. Meschede, 4625 Michigan Ave., Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon Monoxide Poisoning</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | E 890 ⁰ 15 |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DEGREE AND NATURE OF INJURY (e.g., nature, extent, location of injury) <i>Supposed carbon monoxide poisoning in home exact time unknown</i> |
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| 20c. TIME OF INJURY Hour Month, Day, Year 7 a.m. 2 18 58 February 1958 | 20d. PLACE OF INJURY (e.g., in or out of home, farm, factory, street, office building, etc.) 23 Home | 20e. CITY, TOWN, OR LOCATION St. Louis Mo | 20f. COUNTY STATE COO COUNTY |
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| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1040 P m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 21a. SIGNATURE (Dress or title) Patrick C. Taylor Coronier | 21b. ADDRESS 1300 Clark | 21c. DATE SIGNED 2.21.58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | 23b. DATE 2/22/58 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, | 23d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri, |
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| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St. St. Louis, 18, Mo. | 25. DATE RECD. BY LOCAL REG. FEB 21 '58 | 26. REGISTRAR'S SIGNATURE Earl Smith MD mxb. |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Joe B. Perry.....

Licensed Embalmer No. 4219
2842 Meramec St.,
P. O. Address St. Louis, 18,

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.