

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012023  
STATE FILE NUMBER  
REGISTRAR'S No. 2277

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>Hennrich</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2210 2431 Dickson</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Henry</u> First Middle Last <u>Meles</u>		4. DATE OF DEATH <u>Feb 22 1958</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>31 Jan 1890</u>
9. AGE (In years at birthday) <u>68</u>	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.	9. AGE (In years at birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Rocky Mass.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>WMC</u>	13b. MOTHER'S MAIDEN NAME <u>WMC</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year and dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Pat Kernell 2431 Dickson</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>490x</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>205 A/D</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Regina L. L...</u>		22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>2/22/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>27 Feb 58</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (Specify) <u>St Louis Co Mo</u>
24. FUNERAL DIRECTOR <u>Reliable Funeral Sys</u> ADDRESS <u>1389 N Union</u>		25. DATE RECD. BY LOCAL REP. <u>FEB 25 58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> mJB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 26 1958

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 *Paul V. Freeman* .....

Licensed Embalmer No. *X686* .....  
P. O. Address *4729 Ham* .....

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.