

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 1 8 1960

STATE FILE NUMBER
212025-59-047012

UNDECEASED

Registrar's District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 3 weeks	c. CITY OR TOWN Ferguson
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1518 Nesbit
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	EDWARD	ERHARDT	MEDER	Dec.	25,	1959	

5. SEX Male	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 Oct. 4, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Repair Shop	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (City and state or country) Conant, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John W. Meder	13b. MOTHER'S MAIDEN NAME Elizabeth Strumpf	14. NAME OF HUSBAND OR WIFE Kathryn Suber
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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. 490-36-7804	17. INFORMANT Mrs. Kathryn Meder	Address 1518 Nesbit
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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) Pneumonia rt lower lobe carcinoma of rt lung DUE TO (b) Carcinoma rt lung DUE TO (c) 163x	INTERVAL BETWEEN ONSET AND DEATH 10 days 6 months
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of bones	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **11-7-59** to **12-25-59** and last saw him alive on **12-25-59**
 Death occurred at **5 pm 5 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Todd Forsyth (degree or title) W. W. Kelly M.D. M.D.	22b. ADDRESS 3720 Washington 3720 Walnut Street	22c. DATE SIGNED Dec 28, 59.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis	(State) Mo.
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24. FUNERAL DIRECTOR Pullen Kelly	ADDRESS 7267 Natural Bridge	25. DATE RECD. BY LOCAL REG. DEC 28 1959	26. REGISTRAR'S SIGNATURE Lois Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

T.P.

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

0961 17

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Lamm

Licensed Embalmer No. 4142

P. O. Address St Louis

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.