

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16339**  
Registrar's No. **3857**

Registration District No. **701**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri Baptist**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CLARICE MEREDITH**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Wht** 6. (a) Single, widowed, married divorced **Married**

6. (b) Name of husband or wife **E. D. Meredith** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **May 7 1877**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **19** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Shelton, Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

12. Name **Abraham Hudson**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Blanche Shad**

15. Birthplace **Perry, Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Meredith**

(b) Address **4972 Thorlozan**

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof **May 10 1941**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Shelton Ill**

18. (a) Signature of funeral director **W. B. Schneider**

(b) Address **Shelton Ill**

19. (a) **MAY 6 1941** (b) **J. N. Buealeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1417**  
(d) Street No. **4972 Thorlozan**  
(If rural, give location) **9**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**  
year **1941** hour **10** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **May 3**  
to **May 6**, 19**41**  
that I last saw her alive on **May 16**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus (Chronic)** Duration **6 yrs**

Due to \_\_\_\_\_

Due to **Atherosclerosis (Chronic)** **8 yrs**

Other conditions (Include pregnancy within 3 months of death) **U I**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **A**

23. Signature **M. E. Jones** (M. D. or other) **May 6 1941**  
Address **4500 Olive St** Date signed **May 6 1941**

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

MOTHER FATHER

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**