

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39827  
Registrar's No. 9527

LEO JAN 24 1942  
Registration District No. 791

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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Madison  
(c) City or town: "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Brighton Township  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lynn Marion Meeden

3. (b) If veteran, name war: None  
3. (c) Social Security No. 494-03-0483

4. Sex: Male 5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Esther Meeden  
6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: May 27 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 6 1 hr. min.

9. Birthplace: Brighton Township, Illinois  
(City, town or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business: Studying for Ministry

12. Name: George J. Meeden

13. Birthplace: Alton, Illinois  
(City, town or county) (State or foreign country)

14. Maiden name: Mary Louise Sherley

15. Birthplace: Alton, Illinois  
(City, town or county) (State or foreign country)

16. (a) Informant: Isaac M. Meeden

(b) Address: 2401 Rodgers Ave. Alton, Ill.

17. (a) Burial (b) Date thereof: Dec. 1, 1941  
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation: Fosterburg Cemetery, Fosterburg, Ill.

18. (a) Signature of funeral director: Robert H. Streep

(b) Address: 2521 Edwards St. Alton, Ill.

19. (a) DEC 1 1941 (b) J. F. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1941 hour 11 minute 20 a. m.

21. I hereby certify that I attended the deceased from  
Nov. 18 1941 to Nov. 28 1941  
that I last saw him alive on Nov. 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fecal fistula  
Perforations of cecum  
Due to: Granuloma of cecum.

Due to.....  
Other conditions:  
(Include pregnancy within 3 months of death)

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?.....

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature: J. F. Bradley (M. D. or other)  
Address: BARNES HOSPITAL Date signed.....

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.....

*Robert H. Streeper.*

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

working under my personal supervision.

Signed.....

*Robert H. Streeper.*

Licensed Embalmer No. *2474*

P. O. Address.....

*Alton, Ill.*

**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, fact should be so stated above.**