

FILED DEC 7 1942

Registration District No. 318

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 915 Cardinal (If rural, give location) 219

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country: .....

3. (a) PRINT FULL NAME Columbus Meredith

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

4. Sex Male 2 5. Color or race Colored

6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased December 19, 1863  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>11</u>	<u>7</u>	..... hr. .... min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business: .....

MOTHER FATHER { 12. Name George Merdith

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

14. Maiden name Minnie Anne

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Antoine R. ... (b) Date thereof 11-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (e) Signature of funeral director W. R. ...

(b) Address 3400 Rutledge

19. (a) NOV 2 (b) J. J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17, year 1942 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from November 4, 1942 to November 17, 1942 that I last saw him alive on November 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Decompensation

Duration: Unknown

Due to: 07342

Due to: 07342

Other conditions: 07342  
(Include pregnancy within 3 months of death)

Major findings: 07342

Of operations: .....

Of autopsy: .....

PHYSICIAN: 07342  
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) (c) Means of injury 0

23. Signature S. E. Smith (M. D. or other) 0  
Address 2601 Whittier Date signed 11/25/42

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

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