

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8969

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:
ALEXIAN BROS. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days) 0 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State PA. (b) County 999
(c) City or town PHILADELPHIA 56^{NR}
(If outside city or town limits, write "RURAL") 0
(d) Street No. UNIVERSITY CLUB
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John J. Meadth

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 8 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 13 hr. min.

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

10. Usual occupation PRESIDENT

11. Industry or business LANSTON MONOTYPE CO

12. Name FRANK MEADTH

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

14. Maiden name JOSEPHINE LANE

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

16. (a) Informant Ms J. Wilstegen

(b) Address 2706 Lynhurst Ave.

17. (a) BURIAL (b) Date there OCT 25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director P. Mullenford

(b) Address 5165 Belmont Bl

19. (a) OCT 23 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st
year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 30, 1944, to Oct. 21, 1944, that I last saw him alive on Oct. 21st, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage (cerebral)

Due to _____

Due to 30

Other conditions General Paralysis & Insane
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

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 0

23. Signature Neuberger M.D. (M. D. or other)

Address 325 E. 3rd St. Phila. Date signed 10/23/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address Shaw

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.