

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

|   |  |   |                       |  |                         |   |  |
|---|--|---|-----------------------|--|-------------------------|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>   |                       | PRIMARY REG. DIST. NO. <u>500</u>  |                         | Registrar's No. <u>1358</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |   |                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |                         |   |  |
| b. CITY OR TOWN <u>Ellisville</u>   |  | c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>   |                       | c. CITY OR TOWN <u>St. Louis</u>   |                         | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Sunset Sanitarium</u>   |  |   |                       | e. STREET ADDRESS (If rural, give location) <u>1130 Dover Pl.</u>  |                         |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ERICK</u>  |  |   | b. (Middle) <u>H.</u> |  | c. (Last) <u>MEDING</u> |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1954</u> |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |                       | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |                         | 8. DATE OF BIRTH <u>Dec. 24, 1881</u>   |  |
| 9. AGE (In years last birthday) <u>72</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sup't.-Wenzel Tent &amp; Duck Co.</u> |                       | 10b. KIND OF BUSINESS OR INDUSTRY _____  |                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>Erick Meding</u>  |                       | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   |                         | 14. NAME OF HUSBAND OR WIFE <u>Hilda Meding</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>   |                       | 17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Meding</u> ADDRESS <u>1130 Dover Pl.</u>  |                         |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                 |  |   |                       |  |                         |   |  |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYSIS AGITANS</u>   |  |   |                       |  |                         |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |                       |  |                         |   |  |
| ii. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u>  |  |   |                       |  |                         |   |  |
| 19a. DATE OF OPERATION <u>NONE</u>  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |                       |  |                         | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                                      |                       | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>350X</u>  |                         |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                              |                       | 21f. HOW DID INJURY OCCUR? _____   |                         |   |  |
| 22. I hereby certify that I attended the deceased from <u>JAN. 1, 1953</u> , to <u>JUNE 9, 1954</u> , that I last saw the deceased alive on <u>JUNE 9, 1954</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above. |  |   |                       |  |                         |   |  |
| 23a. SIGNATURE <u>B.R. Loring, M.D.</u> (Degree or title)   |  |   |                       | 23b. ADDRESS <u>BALLWIN, Mo.</u>   |                         | 23c. DATE SIGNED <u>6-10-54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Jun. 12, 1954</u>  |                       | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>   |                         | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-10-54</u>   |  | REGISTRAR'S SIGNATURE <u>Newbert R. Donk M.D.</u>   |                       | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>  |                         |   |  |

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

*W. B. White*  
*1921*

**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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *1291*.....

P. O. Address *Harold King*.....

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: