

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 5 1956

BIRTH NO. ... REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1683

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5475 Cabanne Avenue		e. STREET ADDRESS (If rural, give location) 5475 Cabanne Avenue 20570			

3. NAME OF DECEASED (Type or Print) MILDRED			4. DATE OF DEATH (Month) (Day) (Year) 2 16 56	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 9-19-1890	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John G. Meara	13b. MOTHER'S MAIDEN NAME Harriett Luthy	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roland Larsen ADDRESS 5707 McPherson Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>From birth many years</i>
	b. ANTECEDENT CAUSES <i>hypertension</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Diabetes mellitus</i>		
	c. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none O.K. given by Dr. 2/17/56</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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? <i>443X</i>

22. I hereby certify that I attended the deceased from 1/15, 1956, to 2/16, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. C. Todd M.D.</i> (Degree or title)	23b. ADDRESS 4140 Forest Park Blvd	23c. DATE SIGNED 2/16/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-18-56	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. FEB 16 1956	REGISTRAR'S SIGNATURE <i>John Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE R. Lupton & Sons, Inc. ADDRESS 7233 Delmar Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1:30 To 3:00 P.M. Thurs.

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 *Arnold W. Schene*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis, Mo.*.....

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.