

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10801

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis (No. 5021, St. Louis)

File No. 2621
Registered No.
St. Ward)

2. FULL NAME

Frances Meek
(a) Residence, No. 5021 St. Louis St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold Meek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 | 9 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) St. Louis County Mo.

10. NAME OF FATHER Bernard Feldcamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Tillie Lams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Harold Meek
(Address) 5021 St. Louis

15. MAR -9 1928 Max B. Starkloff
FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1928

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to March 7, 1928 that I last saw her alive on March 6, 1928, and that death occurred, on the date stated above, at H. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. pulmonary tuberculosis

23A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Anthony B. Day M. D.

3.8, 1928 (Address) 1017 Beaumont Medy.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Missouri Crematory Mar 9, 1928
20. UNDERTAKER ADDRESS

Max B. Starkloff
2707 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

