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

Do not use this space.

28701

1. PLACE OF DEATH

County ..... Registration District No. 91 ..... File No. .....

Township ..... Primary Registration District No. 203 ..... Registered No. 8161

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Eugene Meadows

(a) Residence. No. 2641 Scott St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28, 1877

7. AGE: Years 50 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(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): Miss.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Miss.

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED ..... 1928 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-8- 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-8-28-9:15 AM, 19..., to 8-8-28-5:30 AM that I last saw him alive on 8-8-28, 19..., and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Miliary Tuberculosis
Tuberculosis of Lungs & Liver
Chronic (duration) Unknown yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Adhesive Peri-Carditis (duration) Unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem
(Signed) F. Cunningham, M. D
, 19 (Address) 2945 Lawton

*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: Father Dickson Cem. | DATE OF BURIAL: Aug. 1 1928

20. UNDERTAKER: Elmer E. Pettis | ADDRESS: 3030 Belle Ave

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.

...PLEASE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD