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

Do not use this space.

7876

MAR 27 1929

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.

1. PLACE OF DEATH
County St. Louis — Registration District No. 189 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 62
City St. Louis Mo. (No. 1902 Lucas-Hunt Road. St. Ward)

2. FULL NAME James Meek.
(a) Residence. No. 1902 Lucas-Hunt Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/15/1863.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65 ~~63~~	~~5~~ 6	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer) Fulton Iron Works.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

PARENTS
10. NAME OF FATHER John Meek.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Dena Hollhouse.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT Mrs Ellen Meek
(Address) 1902 Lucas-Hunt Rd.

15. FILED 2/19, 1929 Rolla Bracy M.D. REGISTRAR

60 2 8 2

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/17/29 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1929, to Feb. 17, 1929 that I last saw him alive on Feb. 17, 1929, and that death occurred, on the date stated above, at 2-40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
11A
107A
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) 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? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Davis, M. D.
2/18, 1929 (Address) #92 Cardinal

*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
New Bethlehem.	2/20/29 19

20. UNDERTAKER	ADDRESS
Provost Bud Co	3710 N. Grand