APR 30 1930

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

Do not use this space.

10143

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township [illegible] Primary Registration District No. 5248 B Registered No. 86

City Jefferson Barracks, Mo. (No. U.S. Veterans' Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME George G. Meissonier

(a) Residence. No. 2619 Hodiamont Ave. St., Ward.
(Usual place of abode) St. Louis, Mo. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
32	11	17	

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

9. BIRTHPLACE (CITY OR TOWN): Unavailable.
(STATE OR COUNTRY): Mississippi.

PARENTS

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

14. INFORMANT: C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED: March 22 - 1930, 19 L. C. Obrod, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1929, to March 21, 1930, that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 8:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, chronic. Far Advanced, Active.

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray, & Laboratory findings.

(Signed) W. C. Gibson, M.D.
19 (Address) Medical Officer In Charge.
U.S. Veterans' Hospital, Jefferson Brks, Mo.

*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: Valhalla Memorial Park
DATE OF BURIAL: March 24 1930

20. UNDERTAKER: Geo L Pleitsch
ADDRESS: 5911 Easton 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.