

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

Do not use this space.

1. PLACE OF DEATH

96 *St. Louis*
County *Carondelet*
Township
City (No. *119 Weiss Ave.*)

Registration District No.

1123

Primary Registration District No.

6248 E

File No.

34396

Registered No.

353

St. Ward)

2. FULL NAME

Andrew J. Meek

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Anna

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

Nov. 2, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

11

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo

FATHER

13. NAME

Antone Meek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bohemia

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bohemia

17. INFORMANT

(ADDRESS)

*Anna Meek
119 Weiss Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Mt Hope Cem Oct. 26 1933

19. UNDERTAKER

(ADDRESS)

C. Hoffmeyer 7814 Broadway

20. FILED

Rep 24 33 L. C. Obry Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 24 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29 1933, to Oct 24 1933

I last saw him alive on *Oct 16/53 1933*. Death is said

to have occurred on the date stated above, at *4:55 a.m.*

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
930
112 93.01
Other contributory causes of importance: *myocarditis*
Oct 23

Name of operation

What test confirmed diagnosis? *Syphilis* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. J. O'Neil*, M. D.

(Address) *9439 Edgemoor*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1933

37 late