OCT 21 1936

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

Do not use this space.

39981

File No. .....

Registered No. 250

1. PLACE OF DEATH

County St. Louis, Registration District No. 1170

Township ..... Primary Registration District No. 6248 H.

City Richmond Heights, (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME Harry J. Meeker,

(a) Residence, No. 4146 Folsom Ave., St., ... 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. 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 Mary V. Meeker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	8	9	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Oscar F. Meeker

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

MOTHER

15. MAIDEN NAME Kate Hood

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

17. INFORMANT Mrs. Mary V. Meeker (ADDRESS) 4146 Folsom Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE Oct. 19, 1936

19. UNDERTAKER Wagoner Undertaking Co. (ADDRESS) 3621 Olive St.

20. FILED Oct. 18 1936 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 mPM

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

	Date of onset
Congestive consolidated fibrenous pneumonia, involving all of left lung, none of rt. lung. History accidental, caused by inhalation of ammonia gas, from	

Other contributory causes of importance:
an explosion of ammonia gas tank. Sec; Toxemia, dilatation of left ventricle, caused by over-load pulmonary block. Chr. cor-disease.

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 14, 1936 3:30 pm

Where did injury occur? Franklin Nat. Co., 1521 Delmar St. Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - explosion of ammonia tank

Manner of injury inhalation of ammonia fumes

Nature of injury resultant pneumonia, toxemia

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

If so, specify .....

(Signed) Luke Simmons, M. D.

(Address) 3718 Jamison, St. Louis, Mo.

Coroner, St. Louis Co., Mo.

(over)

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.

MOM-1-20-36 X7044

Accident at 1521 Delmar Ave. taken
to St.Mary's hospital where he expired.

Verdict of Jury:- Due to inhalation of ammonia fumes in the explosion of an ammonia tank in the basement of the Funsten Nut Co. in St. Louis.

Because of insufficient evidence the jury returns an open verdict.