MAY 7 1937

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

Do not use this space.

14234

File No.

Registered No. 3730

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Charles Meilink

(a) Residence, No. 3829a Wisconsin Ave. St., 24 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 Elizabeth Meilink

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12th. 1895.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	4	24	

OCCUPATION

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

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

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 Bernard Meilink

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

MOTHER

15. MAIDEN NAME Nellie Donavan

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

17. INFORMANT Elizabeth Meilink
(ADDRESS) 3829a Wisconsin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Apr. 8 - 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway.

20. FILED APR 7 1937 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 5th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-28-37, 19..., to 4-5-37, 19...

I last saw him alive on 4-5-37, 19... Death is said to have occurred on the date stated above, at 8.57 P.M.

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

	Date of onset
Acute Diverticulitis with abscess formation and General Peritonitis	3 wks. 1 wk

Other contributory causes of importance:

123

Name of operation Exploratory Date of 3-28-37

What test confirmed diagnosis? Op. Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury ....., 19...

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) Theo. H. Hauser, M. D.

(Address) 3651 Gravois 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.