

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.

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

8993

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City ST. LOUIS (d) Street No. ST. LUKES HOSPITAL Registered No. 2582
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MABEL ANNETTE MEGGINSON WILLIAMS 465 H52

(a) Residence, No. 6215 WASHINGTON BLVD St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 CHARLES P. WILLIAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 # 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
 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) SANDUSKY OHIO

FATHER 13. NAME GEORGE MEGGINSON

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

MOTHER 15. MAIDEN NAME SARAH McFALL

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

17. INFORMANT (ADDRESS) Charles P. Williams 6215 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE MARCH 18 1938

19. FUNERAL DIRECTOR (ADDRESS) W. R. Lupton & Sons 4449 Olive Street

20. FILED MAR 18 1938 J. J. Predeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1938 to March 16 1938

I last saw him alive on March 16 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Infarct of lung 19 days

Robt. operative
Prost. uterus malignant
 Name of operation Vaginal hysterectomy Date of Feb. 23 1938
 What test confirmed diagnosis? X-Ray 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, 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? no

If so, specify

(Signed) Frederick V. Conquest, M. D.

(Address) 713 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton, Licensed Embalmer No. 2123
hereby certify that the body recorded on the reverse side of this certificate was embalmed by C.H. Murray
L. E.

No. 4011 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C.R. Lupton
Licensed Embalmer No. 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)