

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

41343
Do not use this space.

Mayer 17 1938

1003

Registered No. 11035

1. PLACE OF DEATH

(a) County / Registration District No.

(b) Township / Primary Registration District No.

(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(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.

D. 13583

2. PRINT FULL NAME 200 Julia Meek

(a) Residence, No. 5630 5000 a Maple St. 5 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1890

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

48 6 15 21

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

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

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) Hannibal Missouri

FATHER 13. NAME William Drescher

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

MOTHER 15. MAIDEN NAME Julia Nesbit

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. ~~BURIAL~~ CREMATION, ~~IF BURIED~~ PLACE Valhalla DATE 12/24/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mayer 4356 Lindell Blvd.

20. FILED DEC 23 1938 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12/18/38 19, 12/23/38 19

I last saw h. her alive on 12/23/38 19, Death is said to have occurred on the date stated above, at 1 a m.

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

Hepatic Cirrhosis, Alcohol Date of onset

Psychosis "

Quinies "

Other contributory causes of importance: 10/24

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify
(Signed) M. H. Hall M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.