N 17 1939 REC'D FEB 7 1939

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

3903
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 98
(c) City University City, Mo (d) Street No. 7015 Melrose Ave. 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.

2. PRINT FULL NAME James C. Meade.
(a) Residence, No. 7015 Melrose Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1909.
7. AGE: YEARS 29 — MONTHS 6 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Time Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Wagner Elec. Co.
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) Graniteville, Missouri.

FATHER
13. NAME John C. Meade.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mary's, Missouri.

MOTHER
15. MAIDEN NAME Cora Ann Buckner.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Missouri.

17. INFORMANT (ADDRESS) H. Aylette Meade. 828 Marshall Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Jan. 18, 1939.
19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc. (ADDRESS) 5966-68 Easton Ave.
20. FILED JAN 17 1939 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16, 1939
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 5.30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Other contributory causes of importance: 8 2 41
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? ..... 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) [signature] M. D.
(Address) Farmer St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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, 3454

David C. Gibson, or by

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis M

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.