

Registration District No. 160

Primary Registration District No. 6001

Registrar's No. 90

NOV 24 1939

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural - Franklin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Touring
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Highway # 50.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Thomas M. Meams, 520

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Alma E. Meams

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 16 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Springfield, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painting contractor

11. Industry or business Own business

12. Name Samuel M. Meams,

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Coral Mason

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alma E. Meams

(b) Address Manchester, Mo.

17. (a) Removal (b) Date thereof Oct. 25, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal St. John's, Manchester, Mo.

18. (a) Signature of funeral director Geo. Schrader

(b) Address Ballwin, Mo.

19. (a) Oct 23 (b) E. A. Keathley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Inquest pending - 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Skull Fracture.

Due to Multiple fracture of jaw

Due to Deceased was driving

Other conditions pick up truck auto -
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 22nd 1939

(c) Where did injury occur? U.S. Highway 61 near Daniel Boone Bridge
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway -

While at work? _____ (e) Means of injury Auto Collision

23. Signature John H. Pouse (Specify type of place) _____

Address St. Charles, Co. Mo. (Registrar's name) George

Date signed 10/23-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

210 m
98

218
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. E. Putman

Licensed Embalmer No. 2711

P. O. Address Westville, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37047
Do not use this space.

1. PLACE OF DEATH
 (a) County St Charles Registration District No. 760
 (b) Township Dadesoma Primary Registration District No. 6001 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Thomas M. Means
 (a) Residence, No. St. (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 4 6

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.
 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)

13. NAME

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

15. MAIDEN NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1939

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Skull fracture
Multiple fracture of jaw
Deceased was driving pick-up truck - accident
Collision with other motor vehicle -
 Other contributory causes of importance:
 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? acc Date of injury Oct 22, 1939
 Where did injury occur? Near Weldon Springs Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
U. S. Highway # 61 -
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) John H. Bense
 (Address) St Charles Mo

SUPPLEMENT 2107

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

