

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **784**

Primary Registration District No. **Jos**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Jennings**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5604 Hamilton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")
(d) Street No. **5604 Hamilton Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **William Louis Meeks**
3. (b) If veteran, name war _____
3. (c) Social Security No. **493-07-9713**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **26**
year **1941** hour **4** minute **30** A.M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Blanche Meeks**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **July 25 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1936**
19____, 19____, 19____, 19____
that I last saw him alive on **2/26/41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Myocarditis**
Duration _____

8. AGE: Years Months Days If less than one day
57 **7** **1** _____ hr. _____ min.

Due to _____
Due to _____
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**
11. Industry or business _____
12. Name **Wm. E. Meeks**
13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Skiver**
15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Blanche Meeks**
(b) Address **5604 Hamilton Ave.**
17. (a) **Burial** (b) Date thereof **3-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cem.**
18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**
19. (a) **EEB 28 104** (b) **R. Meyer**
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No**
(b) Date of occurrence **No**
(c) Where did injury occur? **No**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No
While at work? **No** (Specify type of place) (e) Means of injury _____
23. Signature **Tan** (M. D. or other) _____
Address **3919 W. Plummer** Date signed **2/28/41**

1111 W. Dickey
1-3 P.M. Staff, Wash., - 6-8
Reg. 3080

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

A. B. Thompson

Registered Apprentice No.

248

working under my personal supervision.

Signed

R. M. Sanford

Licensed Embalmer No.

2273

P. O. Address

St Louis

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

If this body is not embalmed, fact should be so stated above.