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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19103

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 986

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0 Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 4/29/41 (Specify whether years, months or days) In this community: unknown.

2. USUAL RESIDENCE OF DEACESED: 000
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No.: 2619 Hodiamont Avenue (If rural, give location)
(e) Citizen of foreign country? No - 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frank B. Meissonnier
3. (b) If veteran, name war: World War
3. (c) Social Security No.: ~~493-03-8418~~ 493-03-8418
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: May (Month) 23, (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	11	15	hr. min.

9. Birthplace: Vicksburg, (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Clerk Dispatcher
11. Industry or business: Laclede Gas Light Co.
FATHER 12. Name: Unavailable
FATHER 13. Birthplace: Unavailable (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unavailable
MOTHER 15. Birthplace: Unavailable (City, town, or county) 9 (State or foreign country)
16. (a) Informant: M. Schulte
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-12-1941. (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.
(b) Address: 5966-68 Easton Ave.
19. (a) MAY 10 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1941 hour 2:20 minute p.m.
21. I hereby certify that I attended the deceased from April 29, 1941 to May 8th, 1941 that I last saw him alive on May 8th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma, ascending colon, with intra-abdominal metastases. — Duration: Abt. 2 yrs
Due to: --
Due to: --
Other conditions: None. (Include pregnancy within 3 months of death) 46 9
Major findings: Of operations: --
Of autopsy: Yes. Findings confirm clinical diagnosis.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: C. W. HUGHES, M.D., (M. D. or other) 0
Address: Chief Medical Officer Date signed: 5/8/41.

(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, or by 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St Lou

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

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