

REG. MAR 31 1942
Registration District No. _____

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis
(a) County _____
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6138 Page Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME William Meckien
(b) If veteran, name war No unknown
(c) Social Security No. No unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 19
year 1942 hour 10 minutes 45 A. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Catherine Meckien
(c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan. 7 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4-42
_____ 19____, to 3-15-42 19____;
that I last saw him alive on 3-15-42 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>2</u>	<u>02</u>	hr. _____ min.

Immediate cause of death
Hypertension (pt. kidney)
secondary anemia to liver + lungs
Due to _____
Duration 1 1/2 yrs
1 year

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation nil.

Other conditions (include pregnancy within 3 months of death) 57

MOTHER FATHER
11. Industry or business _____
12. Name Adolph Meckien
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sullivan
15. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Adolph Meckien
(b) Address 6138 Page Blvd
17. (a) Burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Walter Aldrich
(b) Address 3634 Francis St
19. (a) MAP 20 1942 (b) W. M. Harmon
(Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. P. Lerner (M. D. or other) MD
Address H. L. Linn County Hosp Date signed 3-20-42

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.

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.....

Licensed Embalmer No.....

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, fact should be so stated above.