

APR 15 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3274

1. PLACE OF DEATH:

(a) County City of St. Louis

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution MO. PACIFIC HOP
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 HRS
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR

(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 535 No. 24th
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME HARRY M. MEEKS

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from March 31, 1943, to March 31, 1943;
that I last saw him alive on March 31, 1943;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER 6 1880
(Month) (Day) (Year)

Immediate cause of death External Hemorrhage and shock following compound fracture of left leg when he fell from a Buick car due to the Duquesne yards around midnight March 31-1943

Other conditions March 31-1943
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

62 5 25 hr. min.

9. Birthplace BRINKHAVEN OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation SWITCHMAN

11. Industry or business MO. PACIFIC R.R.

MOTHER FATHER

12. Name SEBORUS MEEKS

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

14. Maiden name UNKNOWN

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

16. (a) Informant Theodore Short

(b) Address Mo. Pulpin Bldg St. Louis Mo.

17. (a) Removal (b) Date thereof April 3 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director Dora Mederfeld

(b) Address 2807 State St. East St. Louis Ill.

19. (a) APR 7 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence 3-31-43

(c) Where did injury occur? Duquesne Ill 136
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
While at work? Yes (Specify type of place) (e) Means of injury Train

23. Signature Thomas F. Callenbach (M.D. or other) 4-8-43
Address Deputy Coroner Date signed

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

327A

FEB 9 1944

327A

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 William J. Hinson

Licensed Embalmer No. 4319

P. O. Address St. Louis 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, fact should be so stated above.