

LED JUN 30 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5666

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas ¹⁰⁷

(c) City or town Licking
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Lavinia Meadows

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 12 minute 45 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Daniel

6. (c) Age of husband or wife if alive 11 years 1870

7. Birth date of deceased: August 11 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/12/1943 to June 19 1943
that I last saw him alive on June 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic hepatitis

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

Due to Carcinoma of liver Indef

Due to Carcinoma of gallbladder Indef

9. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Other conditions Primary in Liver
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Housework

12. Name Robert Garrett

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

14. Maiden name Virginia Unknown

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

Major findings: Ca of liver, Ca of gallbladder

Of operations _____

Of autopsy None

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

16. (a) Informant Aileen Hatch

(b) Address Licking, Missouri

17. (a) Burial (b) Date thereof 6/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Licking, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) JUN 21 1943 (b) J. J. Bradeak
(Date received local registry) (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 Colaud Steffen (M. D. or other) _____
Address Lister Bldg. Date signed _____

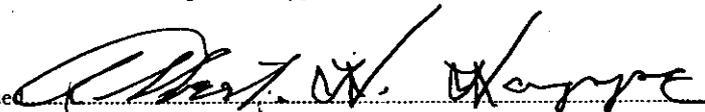
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1944

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. 1861.....

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.