

FILED AUG 18 1943  
318

1003

Registrar's No. 7004

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1407 North 10th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **About 20 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1407 North 10th Street**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Lizzie Meeks**

3. (b) If veteran, **No** name war 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John K Meeks** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **Not Known**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 53** hr. min.

9. Birthplace **Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business **Burl Braxton**

12. Name **Miss.**  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **Mary Shelby**  
15. Birthplace **Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **1023 North 13th Street**  
(b) Address

17. (a) (Burial or removal) **Burial** (b) Date thereof **Aug 5, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **A. L. Beal and Co.**  
(b) Address **2726 Lucas Ave.**

19. (a) **AUG 3 1943** (Date received local registrar) **J. F. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1943** hour **10** minute **00 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myo. Carditis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_  
23. Signature **Alfred Perry** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **8/3/43**

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

MOTHER FATHER

**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 *Arthur L. Helliaid*.....

Licensed Embalmer No. *4221*

P. O. Address *4219<sup>th</sup> E Dorfield*

**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.**