

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32585

State File No.

8682

FILED OCT 20 1944

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 mos-27 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2113a Salisbury
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Meek

3. (b) If veteran name war World War #1 3. (c) Social Security No. 486-20-3260

4. Sex Male 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 March 9 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name James Meek
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary McPhillips
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Augustine
(b) Address 2113a Salisbury

17. (a) Burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N Grand Blvd.

19. (a) OCT 13 1944 (b) Registrar's signature J. Z. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th
year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/14/44
_____, 19____, to Oct. 11th, 1944;
that I last saw him alive on Oct. 11th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx.
Due to _____
Due to _____

Other conditions H7
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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?

23. Signature W. E. Mad... (Specify type of place) _____
Address 1515 Lafayette (City or town) (County) (State)
Date signed 10/11/44

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smith

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.