

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

Registration District No. 1945 18 Primary Registration District No. 1003

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17  
9

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4458 Labadie Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 60 Years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME..... Bridget Meehan  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife..... William D. Meehan  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... Unknown 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt- 67 Unknown hr. min.

9. Birthplace:..... Ireland 4  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... At Home

MOTHER FATHER

11. Industry or business.....  
 12. Name..... Edward Burke  
 13. Birthplace..... Ireland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Mary Connelly  
 15. Birthplace..... Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Miss Mary Neville  
 (b) Address..... 4458 Labadie Ave.  
 17. (a) Burial (b) Date thereof..... 5-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Calyary Cemetery

18. (a) Signature of funeral director..... Arthur J. Donnelly  
3840 Lindell Blvd.  
MAY 24 1945  
 (b) J. F. Bruleck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County..... 000  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... 4458 Labadie Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?..... 1 (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
 year..... 1945 hour..... 12 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from May 1  
 ....., 1945, to May 22, 1945;  
 that I last saw her alive on May 22, 1945,  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch myocarditis  
 Due to..... Hypertension  
 Due to.....  
 Other conditions..... 95%  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
 PHYSICIAN  
 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) (e) Means of injury.....  
 23. Signature..... Adl Dewing (M. D. or other) MD  
 Address..... 2343 St Louis Ave Date signed 5/22/45

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**