S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19018

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4951

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: Mo. Baptist Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town House Springs 50 (If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 0 (If rural, give location) NR

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George C. Meek

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

4. Sex Male D 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Meek 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Unknown about 1875 (Month) (Day) (Year)

8. AGE: Years Abt. 70 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business

FATHER
12. Name Andrew Meek
13. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kalsik
15. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

16. (a) Informant Frances Meek
(b) Address R.R. # 1 House Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Wm C. Maydell
(b) Address 1926 Allen Ave.

19. (a) JUN 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1945 hour 10 minute 8 M.

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

Immediate cause of death General Peritonitis

Due to Following Ruptures Septic

Due to Ulcer

Other conditions (Include pregnancy within 3 months of death) 117 RD

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? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Alfred J Perry (M. D. or other)

Address Ste Genevieve Date signed 6/4/45

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allmave

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.