

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE: 1934  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. ....  
Registrar's No. **4769**

Registration District No. **318**  
Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**LITTLE SISTERS OF THE POOR**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3225 N. Flourens**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **JOHN MEEHAN**  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....  
4. Sex **M** 5. Color or race **W**  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive. .... years  
7. Birth date of deceased **Sept. 6 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 8 19** hr. min.

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

10. Usual occupation **CLERK**

11. Industry or business

12. Name **JAMES MEEHAN**

13. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET RYAN**

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

16. (a) Informant **MRS G.F. DONOVAN**

(b) Address **117 W. GLENDALE W.G.**

17. (a) **REMOVAL** (b) Date thereof **5/27/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SARALIA MO.**

18. (a) Signature of funeral director **M. J. Gannon**  
(b) Address **7146 MARQUETTE**

19. (a) **MAY 29 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **St. Louis**  
(c) City or town **St. Louis Webster Grove**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **117 W. GLENDALE**  
(If rural, give location)  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **25**  
year **1946** hour **6** minute **A.** M.  
21. I hereby certify that I attended the deceased from **March 12 1946** to **May 25 1946**  
that I last saw him alive on **May 23 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Ch. Myocarditis**  
**Carcinoma of Esophagus**  
Duration **2 weeks**  
**6 mo**

Due to .....

Due to .....

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: **None**  
Of operations .....

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(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) (a) **None**  
23. Signature **Bernard J. Lott** (b) **None**  
Address **2302 S. Ellis St.** Date signed **5-25-46**

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

6921

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**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 Elmer R. Padwell

Licensed Embalmer No. 4077

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.**