

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

31439 ✓

State File No. \_\_\_\_\_  
Registrar's No. 1844

FILED SEP 24 1946  
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Jennings  
(c) Name of hospital or institution: 7055 Florence Pl.  
(d) Length of stay: In hospital or institution None  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(d) Street No. 7055 Florence Pl.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank A. Meeker  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept., day 5th., year 1946 hour 1:00 A.M. minute M.

4. Sex Male (1) race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 23, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1946, to Sept 1946, that I last saw him alive on 8/25/46 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 4 13 hr. min.

Immediate cause of death: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Silas A. Meeker

13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Clarence Meeker

(b) Address 7055 Florence Pl. Jennings, Mo.

17. (a) Burial (b) Date thereof 9/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 9-7-46 (b) Ruth J. Allen  
(Date received local registrar) (Registrar's signature)

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) Mode 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 Paul Bernstorf (M. D. or other)  
Address 3919 W. Florence Date signed 9/6/46

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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 William G. Burkholz  
Licensed Embalmer No. 2110  
P. O. Address St. Louis, Mo.

**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.**