S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

36058

State File No. 10239

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USING 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: De Paul Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Edwardsville 11
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
N.R. (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Meek

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Meek

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 10 (Day) 1878 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 6 | 24 | hr. min. |

9. Birthplace Edwardsville Twnsdp, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name — Joen
13. Birthplace Bohemia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Meek
(b) Address Edwardsville, Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville Ill

18. (a) Signature of funeral director Rowland Funeral Ser.
(b) Address 4355 Washington Av

19. (a) NOV 5 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd year 1947 hour 1 30 minute P. M.

21. I hereby certify that I attended the deceased from 10-18-47 to 11-3-47 that I last saw him alive on 11-3-47 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of Pancreas | ? |
| Due to plus | |
| Due to Terminal Bronchopneumonia | 1 |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations as above | |
| Of autops Carcinoma of Pancreas | |

PHYSICIAN

Underline the cause of 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 0

23. Signature J W Kenyon (M. D. or other)

Address 4952 Maplewood Date signed 11-4-47

Jefferson City Printing Co.

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

Signed.....Van M. Sizemore.....

Licensed Embalmer No. 4343

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.