S. No. 2
M—1/47
. 5-17-39

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

#12074

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43315

Registrar's No. 11238

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5918a Highland 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ABE MEACHAM
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March (Month) 22 (Day) 1862 (Year)

8. AGE: Years 85 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Waverly, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business none
FATHER
12. Name Edmund Meacham
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Meacham
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Lendell Meacham
(b) Address 5918 Highalnd
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Removal to Granite City, Ill.
18. (a) Signature of funeral director Charlas Mercer
(b) Address Granite City, Ill.
19. (a) DEC 24 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 24th
year 1947 hour 5 minute 00 A. M.
21. I hereby certify that I attended the deceased from 12/15/47, 19..., to Dec. 24th, 19 47
that I last saw him alive on Dec. 24th, 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the bladder	
Due to Urinary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature Thomas L. Moorman (M. D. or other)
Address 1515 Lafayette Date signed 12/24/47

Jefferson City Printing Co.
DEC 24 1947

(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.....

.....

working under my personal supervision.

ned. Charles C. Mercer

Licensed Embalmer No. 2984

P. O. Address. Granite City Ill

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.