

FILED JUN 28 1948  
Registration District No. 318

Primary Registration District No. 1003

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 3955 Maffitt 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME Cornelius Meehan  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Jan. 26, 1865  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business retired

12. Name John Meehan

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Castello

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Thompson

(b) Address 3959 Maffitt

17. (a) Burial (b) Date thereof 6/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadrony Cemetery

18. (a) Signature of funeral director Jas. A. Howard

(b) Address 1619 So. Grand

19. (a) JUN 18 1948 (b) J. J. Beedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3955 Maffitt 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 16  
year 1948 hour 9 minute 5 P M.  
21. I hereby certify that I attended the deceased from Jan 15, 1948 to June 16, 1948  
and that I last saw him alive on June 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Myocarditis  
Due to hypertension  
Hypertension  
Due to arteriosclerosis  
Arteriosclerosis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 6/13  
Of operations \_\_\_\_\_  
Of autopsy 10

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury NI  
23. Signature W. H. White (M. D. or other)  
Address 803 N. Kingshighway Date signed 6-17-48

MOTHER FATHER

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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 Frank J. Dyland.

Licensed Embalmer No. 2675

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.**