

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21787  
Registrar's No. 1603

Registration District No. 377

Primary Registration District No. 6076

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4059a Easton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MEECHAM, Francis H. (Navy)  
MEACHAM, Francis (Correct)  
(b) If veteran, name war WW-1  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 26  
year 1948 hour 5:25 minute P. M.  
21. I hereby certify that I attended the deceased from  
June 26, 1948, to June 26 1948  
that I last saw h. in alive on June 26, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Iva Meecham  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased August 7 1899  
(Month) (Day) (Year)

Immediate cause of death HEMORRHAGE, CEREBRAL, RIGHT FRONTAL LOBE  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 48 Months 10 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 6/26/48 Phlebotomy and Lumbar Puncture  
Autopsy performed: (See cause of death)  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? \_\_\_\_\_

9. Birthplace Winooski, Vermont  
(City, town, or county) (State or foreign country)  
10. Usual occupation Watchman

11. Industry or business \_\_\_\_\_  
12. Name Unavailable  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Physician \_\_\_\_\_  
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) No  
(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? \_\_\_\_\_

16. (a) Informant Registrar, VA Hospital  
(b) Address Jefferson Barracks, Mo.  
17. (a) BURIAL (b) Date thereof JUNE 30-48  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation NATIONAL JEFFERSON BR  
18. (a) Signature of funeral director Schnur Funeral Home  
(b) Address 3125 Lafayette, St. Louis, Mo.  
19. (a) 6-29-48 (b) Carl J. Sharp  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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) \_\_\_\_\_ (e) Means of injury 0  
23. Signature L.E. Stivers (M. D. or other) \_\_\_\_\_  
Address Jefferson Barracks, Mo. Date signed 6/28/48

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

MOTHER FATHER

**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 \_\_\_\_\_

Licensed Embalmer No. 41014

P. O. Address 3125 Lafayette Ave

**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.**