

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6916

State File No. ....

|  |  |   |  |   |   |   |  |
|--|--|---|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>1208</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Saint Louis</b>  |  | c. LENGTH OF STAY (In this place) _____   |  | c. CITY OR TOWN <b>Saint Louis</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2526 Bacon Avenue</b>  |  |   |  | e. STREET ADDRESS (If rural, give location) <b>2526 Bacon Avenue</b> <span style="float: right;">2119</span>                          |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Willie Meeks</b>   |  |   | a. (First) _____ b. (Middle) _____ c. (Last) _____ |   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 2, 1956</b>  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>Negro</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |   | 8. DATE OF BIRTH <b>Oct. 2, 1908</b>  |  |
| 9. AGE (In years last birthday) <b>47</b>  |  | IF UNDER 1 YEAR Months _____ Days _____   |  | IF UNDER 24 HRS. Hours _____ Min. _____   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____            |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Polana, Mississippi</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
| 13a. FATHER'S NAME <b>Frank Meeks</b>  |  |   | 13b. MOTHER'S MAIDEN NAME <b>Leatha Taylor</b>     |   |   | 14. NAME OF HUSBAND OR WIFE <b>Rosie Meeks</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>499-26-6818</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>George Meeks 1826 Loflin Avenue</b>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.        |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis;</b><br><br>ANTECEDENT CAUSES<br><b>Coronary Occlusion;</b><br><b>Pulmonary Congestion</b><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |   | 20. AUTOPSY? <b>4201</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                           |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? _____  |   |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. |  |   |  |   |   |   |  |
| 23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>   |  |   |  | 23b. ADDRESS <b>1300 Clark</b>  |   | 23c. DATE SIGNED <b>2.3.56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   |  | 24b. DATE <b>2-6-56</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>FEB 4 1956</b>   |  | REGISTRAR'S SIGNATURE <b>Carl Smith</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>5010 Enright Ave. Metropolitan Funeral System, Inc.</b>   |   |   |  |

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arthur L. Hilliard*.....

Licensed Embalmer No. *4221*

P. O. Address *4524 Ala*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.