

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10604**

**FILED NOV 28 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>78 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>4545 Newberry Terrace</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Meeks</b> Last <b>Meeks</b>	4. DATE OF DEATH Month <b>November</b> Day <b>13</b> Year <b>1961</b>
---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/15/94</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waiter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>Charleston, Miss.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>
--	---	--	---

13a. FATHER'S NAME <b>Bill Meeks</b>	13b. MOTHER'S MAIDEN NAME <b>Taylor Arron</b>	14. NAME OF HUSBAND OR WIFE <b>Madeline Meeks</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <b>2/22/18 to 3/17/19</b>	17. INFORMANT Address <b>Madeline Meeks Same as</b>
---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>CARDIAC ARREST</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>PULMONARY EDEMA</b> <b>Adhesions due to Jejunum obstruction</b>	
	DUE TO (c) <b>OVER EXPANSION OF INTRAVASCULAR FLUID VOLUME</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>570.5</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>VAH, ST. LOUIS, MISSOURI</b>	COUNTY	STATE
--	--	---	--------	-------

21. I attended the deceased from **8/4/61** to **11/13/61** and last saw her/him alive on **11/13/61**  
 Death occurred at **2:15 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert S. Bourke</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>	22c. DATE SIGNED <b>11/13/61</b>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/17/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetary</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo</b>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <b>Boyd Bros</b>	ADDRESS <b>3706 Finney ave</b>	25. DATE RECD. BY LOCAL REG. <b>NOV 15 1961</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>
--	-----------------------------------	--	--

DATE AMENDED  
 AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 3706 Finney

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.