

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032701
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH

Registration District No. **11-19818**

Primary Registration District No. **1003**

Registrar's No. **8083**

DO NOT WRITE ON THIS STUB

AMENDED

SI-28987 XC-1 558 28h

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

83

Divided - Site of malignancy not.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 24 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1029 SO. 12TH ST. (APT. 1019)
3. NAME OF DECEASED (Type or print) First WILLIAM Middle MEEKS Last		4. DATE OF DEATH Month 8 Day 17 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2/23/93
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TRACY CITY, TENNESSEE, U.S.A.
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME JOHN MEEKS	
14. NAME OF HUSBAND OR WIFE - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	
16. SOCIAL SECURITY NO.		17. INFORMANT Marjorie M. Wood, Daughter Address 4250 Marine Drive, Chicago, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSEMINATED MALIGNANT UNDIFFERENTIATED TUMOR DUE TO (b) PHLEBO THROMBOSIS ILLIAC VEINS DUE TO (c) MULTIPLE PULMONARY EMBOLI PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 199.2			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	
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 VA		20g. COUNTY STATE	
21. attended the deceased from 7/24/62 to 8/17/62 and last saw him alive on 8/17/62 Death occurred at 1:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE MARVIN C. BE (Please or title) <i>Marvin C. Be...</i> M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 8/17/62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 8-21-1962		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
23d. LOCATION (City, town, or county) JEFFERSON BARRACKS Mo.		24. FUNERAL DIRECTOR Lupton Chapel Inc. 7233 Delmar Blvd.	
25. DATE RECD. BY LOCAL REG. AUG 20 1962		26. REGISTRAR'S SIGNATURE <i>Coal Smith. M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

Proctor
signed on
Miss City

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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