MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7200

File No. 2075

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME 16319 John Meek (MiKA)

(a) Residence. No. 1619 S Broadway St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Wd.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55		+	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Immoulder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer not Employed

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Mika

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Nor Kum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Hospital Information

14. INFORMANT E Rowden
(Address) City Hospital

15. FILED ....19.. Guy C Hamerty
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930, to Feb 26, 1930 that I last saw him alive on Feb 26, 1930, and that death occurred, on the date stated above, at 11:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Esophagus

46A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? [illegible]

WHAT TEST CONFIRMED DIAGNOSIS? R. Berg

(Signed) R. Berg, M. D.

Feb 27, 1930 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New Picker	Mar 1 1930

20. UNDERTAKER	ADDRESS
Mr C Mozdell	1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Meet.