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.

JAN 23 1935

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

Do not use this space.

File No. 44336

Registered No. 350

1. PLACE OF DEATH

County St. Louis, Co., Registration District No. 789

Township Central Primary Registration District No. 6033

City ST. John, St., (No. 2700 Margaret Place, St. Ward)

2. FULL NAME John L. Meives,

(a) Residence, No. 2700 Margaret Place, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1887.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Moterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Bernard Meives

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Aberling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Agnes Meives
(ADDRESS) 2700 Margaret Place,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvery Cem., DATE Dec. 31, 1934

19. UNDERTAKER Jas. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 12-29-, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.00 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gas-monoxide, poisoning, found in garage with garage doors closed, Body bent under the turtle back of his car, with feet on floor in a standing posture with basket in his arm with motor running; at midnite. The continuous running of the motor attracted the Coroner's view

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luke B. Dinon, 12/28/34, M.D.

(Address) 3718 Finney, St.,
Corner St. Louis Co. Mo.

druggist , who was closing up
the store, and was on his way to his
home, two doors down , and upon
investigation found the above conditions.

Unable to determine from circumstances,
whether accidental or suicide, but from
circumstantial evidence and surroundings,
it must have been of accidental type.