

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

File No. **14776**

Township

Primary Registration District No. **1003**

Registered No. **4272**

City **City Hosp #1** (No. **City Hospital**)

City **City Hospital**

St. Ward)

2. FULL NAME

Ellen Meek

(a) Residence, No. **1418 Wright** St., **26** Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 21 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**

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

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) **St Louis Mo.**

13. NAME **Thomas Hayes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Do not Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Miss Mary Augustine 1418 Wright**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Peter & Paul** DATE **April 27, 1937**

19. UNDERTAKER (ADDRESS) **Provost Und. Co. 3710 N Grand Biv.**

20. FILED **APR 26 1937** **J. P. Brebeck** Registrar.

No Physician in attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-24-1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **7:45** m.

The principal cause of death and related causes of importance were as follows: **Cardiac Hypertrophy** Date of onset

Cholecystitis with gall stones
Fracture of left femur
received when 18

Other contributory causes of importance:
fall off chair to floor in her home about 10:00 am April 24-1937

Name of operation..... **accident** 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? **accident** Date of injury **4/24/1937**
Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury..... **See above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Alfred J. Perry** M.D.
(Address) **Deputy Coroner**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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