

APR 12 1939

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

9071
Do not use this space.

791
1003

Registered No. 2836

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
(b) Township 1 Primary Registration District No. 1
(c) City ST. LOUIS (d) Street No. DEACONESS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 1/2 yrs. 1 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH LENNIS MEESEY

(a) Residence, No. 7741 Pennalls ave St. WR MAPLEWOOD, MO.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OR EDLA MEESEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 19-1889
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FOREMAN
9. Industry or business in which work was done, as saw mill, bank, etc. UNION ELECTRIC
10. Date deceased last worked at this occupation (month and year) FEB 1-1939 11. Total time (years) spent in this occupation. 15

12. BIRTHPLACE (CITY OR TOWN) HOPEWELL (STATE OR COUNTRY) MISSOURI

MOTHER FATHER 13. NAME JOHN MEESEY

14. BIRTHPLACE (CITY OR TOWN) WASHINGTON CO. (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME CLEMENTINE POLITTE

16. BIRTHPLACE (CITY OR TOWN) WASHINGTON CO. (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) John Meesey
7741 Pennalls ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LAKE WOOD PARK CEM. DATE MAR. 27-1939

19. FUNERAL DIRECTOR (NAME) Parker Used Co (ADDRESS) Webster Groves mo.

20. FILED MAR 26 1939 J. D. Buder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-22-37, 19 , to Mar 24, 1939

I last saw him alive on Mar 24, 1939 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

metastases carcinoma of intestines secondary to melano-carcinoma of right heel
Other contributory causes of importance: Primary heart

1. metastases to glands
2. metastases to lumen of intestines
Name of operation no Date of
What test confirmed diagnosis? microscopic Was there an autopsy? Yes

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) H. Reese, M. D.
(Address) 11 E Lockwood Webster Groves

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.

WHILE LABEL, WITH SURROUNDING INFORMATION IS A PERMANENT RECORD

1 X16803

Two.

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~~

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. S. Aldrich

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves 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 this body is not embalmed, above space should be left blank.