

FILED MAR 28 1945

818

Primary Registration District No. 1003

Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo Pac Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1930 years, months or days)

3. (a) PRINT FULL NAME ALFRED MEACHAM

3. (b) If veteran, name war WAR No. _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race Cal
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edlyn 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June 12, 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Mo Pac. Buiss.

12. Name Madison Meacham

13. Birthplace not known Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Martha not known

15. Birthplace not known Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Edlyn Meacham

(b) Address 3126 Rutger

17. (a) Burial (b) Date thereof 6-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2125
19. (a) MAR 20 1945 (Registrar's signature) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3126 Rutger
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 1945 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from 4/14/45
to 3/18/45
that I last saw him alive on 3/18/45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chr. myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature J. Schlenker (M. D. or other) _____
Address Mo Pac Hosp. Date signed 3/18/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

W. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *2425 Bluegrove*

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, fact should be so stated above.