

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6692

State File No.

FILED FEB 24 1947 318

Registration District No.

Primary Registration District No.

Registrar's No. 1551

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:
2106 Clark Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 42 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2106 Clark Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Meadows

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

4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estella Meadows
6. (c) Age of husband or wife if alive 41 years 5th 1882
(Month) (Day) (Year)

7. Birth date of deceased August 5th 1882
(Month) (Day) (Year)

8. AGE: 64 Years 6 Months 8 Days If less than one day
hr. min.

9. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name Unknown ? 9

13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ? 9

15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Meadows

(b) Address 2106 Clark Ave.

17. (a) Burial (b) Date of death 2-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) FEB 14 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1947 hour 5 minute 44 a. M.

21. I hereby certify that I attended the deceased from 2/10 1947 to 2/13 1947
that I last saw him/her alive on 2/11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial 4 days
Duration

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____
23. Signature Clayton C. Leguel (M. D.)
Address 3146 N. Oakville Date signed 2/19/47

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

MOTHER FATHER

1933

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 J. Boyer

....., Registered Apprentice No. ,
working under my personal supervision.

Signed Tommy Boyer

Licensed Embalmer No. 2946

P. O. Address St Louis 940

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.