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.

NOV 10 1933

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

Do not use this space.

34522

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1037

City St Louis (No. 5417, O'Dell St ..... St. ..... Ward)

File No. .....

Registered No. 8677

2. FULL NAME Samuel S. Myers

(a) Residence, No. 5417 O'Dell St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Sarah Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1857

7. AGE: YEARS 76 MONTHS 2 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

FATHER

13. NAME Unknown Myers

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

MOTHER

15. MAIDEN NAME Cecelia Matthews

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

17. INFORMANT (ADDRESS) Clarence E. Myers 7029 Marden Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia DATE 10-7 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED OCT -5 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2nd, 1933, to Oct. 4th, 1933

I last saw him alive on Oct. 4th, 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Lobar Pneumonia (Left) — Date of onset 9/29/33

108

930

108

Other contributory causes of importance: Myocarditis — ?

Chronic

0

Name of operation no 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? no

If so, specify .....

(Signed) W. H. Steinmann, M. D.

(Address) 5715 Southwest Ave

5715 So Wash.
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