

OCT 14 1937

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

33138
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township St. Louis
(c) City
(d) Street No. City Hospital No. 1 Registration District No. 791
Primary Registration District No. 1003 Registered No. 9192
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

(e) Length of residence in city or town where death occurred
C. 425 3 Vincent Myers

2. PRINT FULL NAME

(a) Residence, No. 4 528 Manchester St. 18
(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 3 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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, Missouri

13. NAME Vincent Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flora Illinois

15. MAIDEN NAME Bernice Math

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Hos; Info M. ent

18. BURIAL, CREMATION, OR REMOVAL PLACE Vahalla DATE 10/1/37

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambrose 4234 Manchester Ave

20. FILER (ADDRESS) J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/27/37, 19, to 9/29/37, 19. I last saw him alive on 9/29/37, 19. Death is said to have occurred on the date stated above, at 2.30 p.m.
The principal cause of death and related causes of importance were as follows:

Congenital Hydrocephalus, Internal Malnutrition

Date of onset July 3, 1937

Other contributory causes of importance:

157a

Name of operation Date of
What test confirmed diagnosis? 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? No.
If so, specify

(Signed) J. W. Burnett, M. D.
(Address) City Hosp #1

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.

22-00

SEP 30 1937

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Florenz Eynck

Licensed Embalmer No. 1284

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.)