

REC'D APR 12 1939

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

1003

8296

Do not use this space.

2061

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 5058 Durant Ave. Registered No. 2061
 (c) City St. Louis (d) Street No. 5058 Durant Ave. St. Mo.
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth, yrs. mos. ds.

2. PRINT FULL NAME

Mary Myers
 (a) Residence, No. 5058 Durant Ave. St. Mo. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 4

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Myles Myers
 14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bridget Kelly
 16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Mr. Miles Myers (ADDRESS) 5058 Durant Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3 - 4 - 1939

19. FUNERAL DIRECTOR Cullinane Brothers (ADDRESS) 1710 N. Grand Blvd

20. FILED MAR 3 1939 J. D. Bridgman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 - 1939 to Mar 1 - 1939
 I last saw her alive on Feb 28 1939 Death is said to have occurred on the date stated above, at 3.30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance

Name of operation Phys Exam Date of 3
 What test confirmed diagnosis? Phys Exam 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 John B. M. Jorney M. D.
 (Signed) John B. M. Jorney (Address) 5014 Thekla St.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Fred Truck

Licensed Embalmer No. 3186

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.)