

2-30
7-39
K23

SEP 25 1940 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Roy L. Myler 460

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lena Huskey Myler 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 21 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 10 hr. min.

9. Birthplace Caruthersville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Garage Owner

11. Industry or business

12. Name Lazorus Myler

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

14. Maiden name Maud Brown

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Myler

(b) Address Festus, Mo.

17. (a) Removal (b) Date thereof 8-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 2 1940 (b) J. H. Dredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....
(c) City or town Festus NR.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1940 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Traumatic Hemorrhage, fracture of left 3rd rib & 5th rib, & jaw suffered in crash of airplane near Festus Mo. about 6:30 P.M.
Due to Crash of airplane near Festus Mo. about 6:30 P.M.
Date to July 29 1940
Cause A Manner of same could not be determined

Other conditions Could not be determined
(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 and injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NR

While at work?..... (Specify type of place) Means of injury 5

23. Signature Joseph H. Dredel (M. D. or other)
Address Deputy Date signed.....

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

MOTHER FATHER

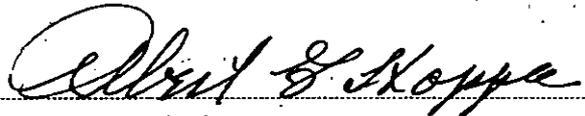
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2971

P. O. Address.....

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.