

ED MAY 22 1943 317

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1172

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9416 MARKOWE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL.")
(d) Street No. 9416 MARKOWE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK MYERS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2 divorced W
6. (b) Name of husband or wife EMERLIA MYERS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 4 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 13 hr. min.

9. Birthplace New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

MOTHER FATHER

11. Industry or business _____
12. Name do NOT KNOW
13. Birthplace do NOT KNOW 9
(City, town, or county) (State or foreign country)
14. Maiden name do NOT KNOW
15. Birthplace do NOT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Myers Jr
(b) Address 9416 MARKOWE
17. (a) BURIAL (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director OSMANN FUNERAL HOME
(b) Address 9222 KACHLAND OVERLAND MO
19. (a) MAY 19 1943 (b) C. J. McParson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day May
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 17 43
43 to May 17 43
that I last saw him alive on May 17 43
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease
Duration _____

Due to 20
Due to Local Infection 1725

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 J. P. Sibley M.D.
Address 1321 Midland Date signed 5-17-43

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

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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..... *Al. C. Ortman*
Licensed Embalmer No. *3478*
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.