

FILED DEC 24 1946
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10690

26
NR 2/1

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
 (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town Pinelawn, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6037 Grimshaw Pl.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elsie May Myers

3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Floyd
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Jan. 15th, 1901
 (Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 27
 If less than one day _____ hr. _____ min.

9. Birthplace Shelbina, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry B. Dehner
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

6. (a) Informant Floyd V. Myers (Husband)
 (b) Address 6037 Grimshaw Pl.
 7. (a) Burial (b) Date thereof 12/15/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
Litchfield, Ill
 (c) Place: burial or cremation Kraeger-Voss

8. (a) Signature of funeral director 3402 N. Kingshighway
 (b) Address DEC 13 1946
 (Date received local registrar) (b) _____
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
 year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 15
 _____, 1946 to Dec 12, 1946
 that I last saw her alive on Dec 12, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage
 Duration 3 days
 Due to Atherosclerosis

Due to _____
 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?

 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Class Joch (M. D. or other) MD
 Address 3500 N. Grand Date signed 12-13-46

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 *John S. Dennehy*
Licensed Embalmer No. *4194*

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.