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State File No. \_\_\_\_\_

FILED JAN 7 1947  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11107

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4091 Toenges Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William P. Myers

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. 494-10-5667

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Myers 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased August 29 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 25 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Henry J. Meyers

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

14. Maiden name Louise Miltenberger

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

16. (a) Informant William P. Myers Jr

(b) Address 14 GlenOak Place Webster Groves Mo

17. (a) Burial (b) Date thereof 12-27-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran Cemetery

18. (a) Signature of funeral director Regenheim Bros.

(b) Address 6409 Gravois Ave

19. (a) DEC 26 1946 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day December  
year 1946 hour 11:30 minute P. M.  
21. I hereby certify that I attended the deceased from Dec. 17 -  
1946 to Dec. 24 1946  
that I last saw him alive on Dec. 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Sigmoid 6 rows  
Due to Hb

Other conditions Feacal Impaction 3 days  
(Include pregnancy within 3 months of death)

Major findings: Coronary of Sigmoid  
Of operations wore  
Of autopsy \_\_\_\_\_

Duration  
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 \_\_\_\_\_  
Signature Devilard K. Hunt (M. D. or other) M.D.  
Address 220-N-4th Date signed 1/26/46

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

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H. H. H. H.

Dr. L. H. Hempe Imen  
3720 Washington Ave. Beaumont Bldg  
Je-6204

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis Mo

**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.**