

No. 2  
12-45  
-17-39  
X47070

FILED MAR 24 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 25 yrs.

3. (a) PRINT FULL NAME Paul A. Myers, Sr.

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, widower

6. (b) Name of husband or wife Estelle

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 23 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>15</u>	hr. min.

9. Birthplace: Baltimore Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Pullman Conductor

12. Name David Myers

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul A. Myers, Jr.

(b) Address 3672 Arsenal

17. (a) Burial (b) Date thereof 3-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAR 8 1947 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County o ad

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3672 Arsenal  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1947 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11/18 1946 to 3/8 1947  
that I last saw him alive on 3/6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis (ic)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Inter-aortic aortic fracture of R. femur 3/3/47  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Lutheran Hospital (X-Ray)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, (specify) accident o ad

(b) Date of occurrence 3/3/47

(c) Where did injury occur? Home, St. Louis (16) Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work retired (Specify type of place) (c) Means injury free from chair

23. Signature J. F. Bredeck (M.D. or other) 0  
Address 3554 VICTOR ST Date signed 3/13/47

Duration several attacks the last few months

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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..... *Frank J. Owens* .....

Licensed Embalmer No. *2245* .....

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.**