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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24564

Primary Registration District No. 1003

Registrar's No. 6627

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 9 days (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DEACESED:

(a) State Illinois (b) County Randolph 999

(c) City or town Percy (If outside city or town limits, write "RURAL")

(d) Street No. 2 R R (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lawrence Myers

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eunice

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased May (Month) 20 (Day) 1913 (Year)

8. AGE: Years 35 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

MOTHER FATHER

12. Name Charles Myers

13. Birthplace Mt Leansboro Ill (City, town, or county) (State or foreign country)

14. Maiden name Bertha Will

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

16. (a) Informant Eunice Myers

(b) Address Percy Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Percy Ill

18. (a) Signature of funeral director Rowland Mortuary Inc

(b) Address 4104 Manchester

19. (a) JUL 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 19, 1948, 19 to July 27, 1948, 19; that I last saw him alive on July 27, 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis - General

Due to Embolism to Brain

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Spino-thalamic Tractomy

Spino Thalamic Tractomy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. D. (M. D. or other)

Address 4952 Maryland Date signed 7/27

(Licensed Embalmer's Statement on Reverse Side)

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 J Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Otherwise 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.