

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1949

State File No. **21485**
5115
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 11		d. STREET ADDRESS (If rural, give location) 303 W. Steins	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 303 W. Steins				d. STREET ADDRESS (If rural, give location) 303 W. Steins			
3. NAME OF DECEASED (Type or Print) Louis		a. (First)		b. (Middle) Myer		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 25, 1870	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0		IF UNDER 12 HRS. Hours 16 Min. _____		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) butcher		10b. KIND OF BUSINESS/ OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Myer		13b. MOTHER'S MAIDEN NAME Mary Kline		14. NAME OF HUSBAND OR WIFE Maggie Myer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Maggie Myer, 303 W. Steins ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo - Carditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis (chronic)				INTERVAL BETWEEN ONSET AND DEATH 3 Mon.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis (STATE) Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X				22. I hereby certify that I attended the deceased from 3-15-1949 , to 6-11-1949 , that I last saw the deceased alive on 4-19-1949 , and that death occurred at 6 PM , from the causes and on the date stated above.	
23a. SIGNATURE Geo. W. Dorman (Degree or title) _____		23b. ADDRESS 3532 Washington		23c. DATE SIGNED 6-13/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 6-14-49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis	
DATE REC'D BY LOCAL REG. JUN 13 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Undertk. Co., 7420 Michigan ADDRESS _____			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *J. E. Morris*

Signed _____
Student Embalmer

Licensed Embalmer No. 336

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.