

FILED DEC 6 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY 99	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PEORIA 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital. 11		d. STREET ADDRESS (If rural, give location) 504 FAYETTE ST. 2	
3. NAME OF DECEASED (Type or Print) a. (First) Vella		b. (Middle) Mae	
c. (Last) Myers		4. DATE OF DEATH (Month) (Day) (Year) 11 24 49	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 14, 1907
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) DRakesburg, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME DANIEL Broubhton		13b. MOTHER'S MAIDEN NAME Denie Whitaker	
14. NAME OF HUSBAND OR WIFE Charles Myers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Myers, Peoria, ILL.	
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia + Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinsdur Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 8 Wks 10 years	
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) (STATE) 87C		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 351X	
22. I hereby certify that I attended the deceased from 9-19, 1949, to 11-24, 1949, that I last saw the deceased alive on 11-24, 1949, and that death occurred at 11:10a.m., from the causes and on the date stated above.			
23a. SIGNATURE H. Bradley (Degree or title) M.D.		23b. ADDRESS Barnes Hospital.	
23c. DATE SIGNED 11/24/49		24a. BURNED, CREMATION, REMOVAL Removal	
24b. DATE 11/26/49		24c. NAME OF CEMETERY OR CREMATORY Mrs. J. O. F. Cemetery	
24d. LOCATION (City, town, or county) (State) Benton, ILL.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Rooster	
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary		ADDRESS 4215 Lindell	

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Rex E. Campbell

Licensed Embalmer No. 3881

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.