

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15008

State File No.

FILED MAY 9 - 1952

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1140</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>			c. LENGTH OF STAY (in this place) <u>4</u>			CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>4462</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6375 Alexander Drive</u>				d. STREET ADDRESS (If rural, give location) <u>6375 Alexander Drive</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYER</u>		b. (Middle) <u>C.</u>		c. (Last) <u>MYERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 29, 1952</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 25, 1885</u>	
9. AGE (In years) (Months) (Days) <u>66</u> <u>11</u> <u>27</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Union, May Stern Co. - Dept. Store</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Altoona, Pennsylvania, USA</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Phillip Myerson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Olive G. Myerson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNK</u>		16. SOCIAL SECURITY NO. <u>489-05-8738</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. M. C. Myerson-6375 Alexander Drive</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the manner of dying, such as asphyxiation, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension of Arterio Pectoris</u> DUE TO (c) <u>General Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 8, 1952</u> , to <u>April 29, 1952</u> , that I last saw the deceased alive on <u>April 29, 1952</u> , and that death occurred at <u>11:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Julius Elson M.D.</u>		23b. ADDRESS <u>University Club Bldg.</u>		23c. DATE SIGNED <u>4/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-1-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hermon ...</u>		ADDRESS <u>5216 Delmar</u>	

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

400
0

55 W...

5u

(Licensed Embalmer's Statement on Reverse Side)

ESBT C.I. 1/1/1918

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.

Student

Student Embalmer

Signed

Arthur B. DeBrouillet

Licensed Embalmer No. 3691

P. O. Address *Richmond, Virginia*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 15008

State of MISSOURI
CITY of ST. LOUIS } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 8th day of May, 1952, before me appears Herman

Rindskopf, who, upon his oath, states that the original record of ~~xxx~~ death

for Myer C. Myerson, died ~~xxx~~ April 29, 1952, in the State of

Missouri, and which was filed at St. Louis, County on May 1, 1952, should be corrected as follows:

Item No. 8 should read May 5, 1885

Instead of May 8, 1885

Item No. 9 should read 66 years, 11 months, 18 days

Instead of 66 years, 11 months, 21 days

Item No. 11 should read Altoona, Pennsylvania

Instead of Erie, Pennsylvania

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: *Herman Rindskopf* ^{Fun.} ^{Dir.}
Relationship.

5216 Delmar
Present Address.

Subscribed and sworn to before me this 8th day of May, 1952

My Commission expires May 13 - 1952 *Norman S. Roth* Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

