

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17656**

FILED JUN 2 1952  
31219  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **165**

941  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BONNE TERRE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BONNE TERRE HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1503 S. 7th ST</b>	

3. NAME OF DECEASED a. (First) <b>GEORGE</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MYERS, JR.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 15, 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 14, 1952</b>		9. AGE (In years last birthday) <b>0</b> if under 1 year Months <b>0</b> Days <b>0</b> Hours <b>6</b> if under 24 hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <b>BONNE TERRE Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>GEORGE MYERS</b>		13b. MOTHER'S MAIDEN NAME <b>LAVERN WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, list of unknown) (If yes, give war or date of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>CARRIE WRIGHT CANTWELL Mo</b> 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Loss Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pacenta-Previos</b>			<b>24 hrs</b>
	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 <b>7615</b>		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) (STATE)	
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?	

22. I hereby certify that I attended the deceased from **May 15, 1952** to **May 15, 1952**, that I last saw the deceased alive on **May 15, 1952**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Foster</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Desloge Mo</b>		23c. DATE SIGNED <b>May 16, 1952</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 16, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BONNE TERRE</b>		24d. LOCATION (City, town, or county) (State) <b>BONNE TERRE Mo</b>	
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DATE REC'D BY LOCAL REG. <b>May 16, 1952</b>		REGISTRAR'S SIGNATURE <b>289-0</b> <b>Ethel Redloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin Smith</b> ADDRESS <b>Bonne Terre Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

*No Embalming*

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 Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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.