

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40935  
10188

FILED NOV 19 1953

State File No. 40935  
Registrar's No. 10188

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 508 Pine. e. STREET ADDRESS (If rural, give location) 25 508 Pine

3. NAME OF DECEASED a. (First) William b. (Middle) J c. (Last) Myers 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1953

5. SEX 0 male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 8. DATE OF BIRTH 1901 Nov 19, 1900 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Green County, Ill. / 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John H Myers 13b. MOTHER'S MAIDEN NAME Viola Rains 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs J Noonan 5321a Maffitt ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor Pneumonia DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 490X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:24 P.M., from the causes and on the date stated above.

22a. SIGNATURE [Signature] Deputy Registrar 23b. ADDRESS 1300 Chest 23c. DATE SIGNED 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10/29/53 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) St Louis Co., Mo.

DATE REC'D BY LOCAL REG. OCT 27 1953 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois

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

This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, trauma, or complication which caused death.

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 Ronald Benz, Student Embalmer No. 4863 working under my personal supervision..

Student Ronald E Benz  
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grand

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

40936-53

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 10188

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_ who, upon \_\_\_\_\_ oath, states that the original record of birth death  
for William . Myers died 10-26-1953, 19\_\_\_\_, in the State of  
born

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read Nov. 19-1901

Instead of \_\_\_\_\_ Nov. 19-1900

Item No. 9 should read Age 51

Instead of \_\_\_\_\_ Age 52

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 \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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

(SEAL)

Affiant F. B. Webster Funerary  
7027 Grand dir.  
Traverse Relationship  
Present Address.

Subscribed and sworn to before me this 10 day of Nov., 1953  
My Commission expires 3-4-57 Ellen J. Padgett Notary Public.

S-40935