

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6611**  
Registrar's No. **2173**

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MISSOURI, St. Louis</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1431 Union Blvd.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>1431 UNION BLVD</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>F</b> c. (Last) <b>Myers</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>3-8-1954</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>SINGLE</b>	<b>8. DATE OF BIRTH</b> <b>DEC. 20, 1912</b>
<b>9. AGE</b> (In years last birthday) <b>41</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, given if retired) <b>COLLECTION Com. OFF. SEORLIA MISSOURI</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) _____		<b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>13a. FATHER'S NAME</b> <b>MISSON M. MYERS</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>ROSE MYERS</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service) <b>YES WW I 490-22-346 Mrs Frank Dehau 1431 Union</b>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Frank Dehau</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b> <b>4201</b>	
<b>22. I hereby certify that I attended the deceased from 5/20/50, 19, to 1-29-54, 19, that I last saw the deceased alive on 1-29-54, 19, and that death occurred at 9:30 p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Anthony V. Benincasa MD</b> (Degree or title)		<b>23b. ADDRESS</b> <b>3731 Goodfellow Blvd</b>	<b>23c. DATE SIGNED</b> <b>3-8-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>MARCH 11, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>BELLEFONTAINE</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, MISSOURI</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 9 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Frank Dehau</b>	
<b>ADDRESS</b> <b>1431 Union</b>			

**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.....  
Signature of Student Embalmer

Signed *J Wm Binkley*.....

Licensed Embalmer No.....

P. O. Address *St Louis*.....

**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.