

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21023

State File No. _____
Registrar's No. 4978

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4978				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri; b. COUNTY _____ 2137						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Carrie Elligson Gietner Home				d. STREET ADDRESS (If rural, give location) 15 4345 Taft Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) EMILY		b. (Middle) J.		c. (Last) MYERS		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1954				
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH August 3, 1872		9. AGE (In years last birthday) 81	10. MONTHS 10	11. DAYS 1	12. HOURS 1	13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Franklin County, Missouri 0			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Benjamin F. Smith			13b. MOTHER'S MAIDEN NAME Mary Watson			14. NAME OF HUSBAND OR WIFE John Robert 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 Norman W. Goehler 4610 Leona Avenue						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>arterio. sclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>chronic glomerular nephritis</i> <i>Diabetes</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i> <i>years</i> <i>years</i>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ 331X						
22. I hereby certify that I attended the deceased from <u>5 25</u> , 19 <u>54</u> , to <u>6 4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6 2</u> , 19 <u>54</u> , and that death occurred at <u>4:35 am.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <i>J. P. Moskop, M.D.</i> (Degree or title)				23b. ADDRESS <u>3554 Victor St. St. L. 4 Mo.</u>		23c. DATE SIGNED <u>6/4/54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>				
DATE REC'D BY LOCAL REG. JUN 5 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F.H. 1936 St. Louis Avenue</u>						

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

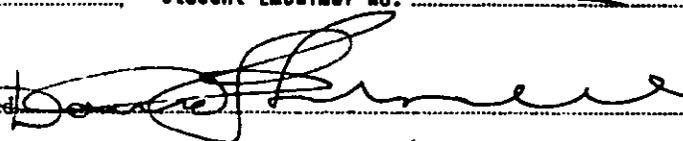
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4520 _____

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.