

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10750

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis mo* (No. *4521*)

*Bircher Pl*

File No.....

Registered No. **2823**

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *A. M. Myers*

(a) Residence, No. *4521 Bircher Pl*

St. *7* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mittie J. Myers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 4<sup>th</sup> 1878*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>53</i>	<i>9</i>	<i>19</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Manager 61</i>	11. Total time (years) spent in this occupation <i>13 1/2</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Sterling Bank Co</i>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana 195*

13. NAME *A. M. Myers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Mittie Myers* (ADDRESS) *4521 Bircher Pl*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Mar 26 1932*

19. UNDERTAKER *Henry Leidner and Co* (ADDRESS) *1417 1/2 Market St*

20. FILED *AR 25 1932* Registrar *C. Stankov*

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 23<sup>rd</sup> 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec, 23, 1931* to *Mar 22, 1932*

I last saw him alive on *Mar, 22, 1932* Death is said to have occurred on the date stated above, at *7:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*acute dilatation of heart*

Other contributory causes of importance: *Chronic Nephritis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *R. E. Roberts*

(Address) *494 Wisconsin St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

