

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster Groves No. 228

Primary Registration District No. 2471

File No. 20942

Registered No. 60

2. FULL NAME Samuel Ferdinand Myerson

(a) Residence, No. 228 Oakwood St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leila Myerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 - 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 15 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Myerson Printing

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Samuel S Myerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana

15. MAIDEN NAME Louise J. Chateau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Leila M. Willett 228 Oakwood Ave Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 7 1933

19. UNDERTAKER (ADDRESS) Parke & Co Webster Groves

20. FILED 6/5 1933 D. F. W. Wettrup Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1933

22. I HEREBY CERTIFY That I attended deceased from May 1932, to June 5 1933

I last saw him alive on June 5 1933 Death is said to have occurred on the date stated above, at 3 A. m.

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

- (1) myocarditis (chron)
- (2) nephritis
- (3) Charoerca

Other contributory causes of importance: 930 930

Name of operation None Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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.

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

If so, specify

(Signed) W. Alexander Smith M. D.

(Address) Webster Groves, Mo

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.

