

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

Do not use this space.

34874

1. PLACE OF DEATH

County St. Louis Registration District 1170
 Township Central Primary Registration District No. 6248H
 City St. Richmond Hts. St. Marys Hospital St. _____ Ward _____

File No. _____
 Registered No. 154
 St. _____ Ward _____

2. FULL NAME

Joseph George Myers
 (a) Residence, No. 6148 Washington St. _____ Ward _____
 (Usual place of abode) (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. da.

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 Anna C Myers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
68 - 11 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 57
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same as 57
 10. Date deceased last worked at this occupation (month and year) 1-3-1 11. Total time (years) spent in this occupation 10 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME J. G. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Hatley - House

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Mrs Annie Myers (ADDRESS) 71 Ashurst Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley DATE Sept 15, 1934

19. UNDERTAKER Fred M Williams (ADDRESS) 4525 Washington Ave

20. FILED Sept 15, 1934 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1934

22. I HEREBY CERTIFY, that I attended deceased from Aug 18, 1934, to Sept 13, 1934

I last saw him alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Broncho-Pneumonia Date of onset _____
Cerebral Sclerotic (Cerebral Thrombotic arteriosclerosis)
 Other contributory causes of importance: Diabetes Mellitus

Name of operation 59 Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Manner of injury _____
 Nature of injury _____

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

If so, specify W. H. Orsted (Signed) _____, M. D.
 (Address) 3720 Washington St. Louis

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.

