

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.

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

Do not use this space.

FEB 1 1935

1. PLACE OF DEATH

County..... Registration District No. 2033
Township..... Primary Registration District No.....
City St. Louis (No. 5062 Thrush Ave.)

File No. 3471
Registered No. 178

2. FULL NAME Thomas A. Myers

(a) Residence, No. 5062 Thrush Ave. St. 7 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27th, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>74</u>		<u>3</u>	<u>23</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, lawyer, bookkeeper, etc. Office Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Elsah, Ills.

MOTHER 13. NAME John Myers

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

15. MAIDEN NAME C. E. Hellrich

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

17. INFORMANT (ADDRESS) A. E. Myers 5754 Goddellow Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Jan. 23rd 35

19. UNDERTAKER (ADDRESS) Drekmann & Son 1905 Union Blvd.

20. FILED 21 1935 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th 35

22. HEREBY CERTIFY That I attended deceased from Oct 23 1934 to Jan 20 1935. I last saw him alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Chr. Infection
Septic
Arteriosclerosis

Name of operation none Date of.....

What test confirmed diagnosis fluorography 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.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify..... (Signed) Healey M.D. M. D.

(Address) 5076 Union Blvd.

mu 1030