

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

12955
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 934 N. Kingshighway St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Harrison Myers **620**

(a) Residence, No. 934 N. Kingshighway St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1884				
7. AGE	YEARS 54	MONTHS I	DAYS 28	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. A.			
	9. Industry or business in which work was done, as saw mill, bank, etc. Laborer			
	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, Mo.				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT <u>Miss Vera Myers</u> (ADDRESS) <u>934 N. Kingshighway</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem.</u> DATE <u>April 18</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>C. Hoffmeister U. & L. Co.</u> (ADDRESS) <u>7814 S. Broadway</u>				
20. FILED APR 16 1938 <i>J. D. Budick</i> Local Registrar				

MEDICAL CERTIFICATE OF ATTENDANCE	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 16</u> 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at <u>2 A. M.</u> The principal cause of death and related causes of importance were as follows: Chronic Nephritis. Edema of Brain; Adhesive Pericarditis.	
Other contributory causes of importance: Date of onset	
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes	
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) <i>Joseph M. Quinn</i> , M.D. (Address) <i>Res. City, Mo.</i>	

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister 387I

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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.)