

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31127

Do not use this space.

RECD OCT 12 1938

1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. De Paul Hosp. 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.

Registration District No. 791  
1003

Primary Registration District No. ....

Registered No. 8564

2. PRINT FULL NAME

Jerome Wayne Meyers

(a) Residence, No. 5054 Cates 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 30 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1938 to 9-30 1938  
 I last saw him alive on 9-30 1938. Death is said to have occurred on the date stated above, at 12:35 m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1931

7. AGE YEARS 7 MONTHS 4 DAYS 6 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at school  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Strept. Septicemia Date of onset 3 days  
1070

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

Other contributory causes of importance  
Bronchial Pneumonia 2 days

FATHER 13. NAME Nathan Meyers  
 14. BIRTHPLACE (CITY OR TOWN) Johnstown (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Fannie Wolf  
 16. BIRTHPLACE (CITY OR TOWN) London (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) N. Meyers  
5054 Cates

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 9/30 1938

19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson

20. FILED SEP 30 1938 J. J. Bredeh Local Registrar.

Name of operation..... 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? St. Louis Mo  
 (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 At Home M. D.  
 (Signed) W. H. Bremer  
 (Address) 1259 N. Kingshighway

**STATEMENT BY LICENSED EMBALMER**

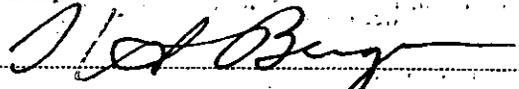
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

**H.E. Berger**

, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. **1597**

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**