REC'D JUN 12 1939

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

16972
Do not use this space.

4506

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) or City St. Louis Mo. (d) Street No. Deaconess Hos'p 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 Pauline G. Myer

(a) Residence, No. 732 Interdrive St. NR University City Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Giddings (STATE OR COUNTRY) Texas.

FATHER

13. NAME Henry Goldstein

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

MOTHER

15. MAIDEN NAME Bertha Gans

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

17. INFORMANT Moses Myer
(ADDRESS) 732 Imterdrive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tyler Texas DATE 5/16/39, 19

19. FUNERAL DIRECTOR (NAME) Mayer
(ADDRESS) 4356 Lindell Blvd

20. FILED MAY 16 1939 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939, to May 16, 1939
I last saw him alive on May 15, 1939. Death is said to have occurred on the date stated above, at 7.07 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Rt. side of Brain)	May 4, 1939

Other contributory causes of importance:
General Cerebral Arteriosclerosis
Hypertension

Name of operation None Date of .....
What test confirmed diagnosis? — 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) Hiram T. Leggett, M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16503

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Albert G. Klappa

Licensed Embalmer No. 2971

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.