

No. 2  
4-13-40  
17,925  
X23159

**REC'D MAR 11 1941**  
Registration District No. 7874

Primary Registration District No. 116

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Not Hospitalized 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----  
(Specify whether)

In this community -----  
years, months or days

3. (a) PRINT FULL NAME Myers, Robert J (CC7-352904)

3. (b) -If veteran, name war No 3. (c) Social Security No. 487-14-8916

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased December 21, 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>2</u>	<u>10</u>	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

9. Birthplace Creston, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer (CCC Enrollee)

11. Industry or business Co. 2729, CCC.

12. Name ✓

13. Birthplace 9  
(City, town, or county) (State or foreign country)

14. Maiden name ✓

15. Birthplace 1  
(City, town, or county) (State or foreign country)

16. (a) Informant D. R. CROCKETT, CCC Co. Comdr.

(b) Address Co. 2729, CCC, Centaur, Mo.

17. (a) Burial (b) Date thereof 2-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Louis H. Boyd

(b) Address Kirkwood, Mo.

19. (a) FEB 24 1941 (b) L.R. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Co. 2729, CCC, Centaur, Mo. (Rural)  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Babler State Park  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;  
that I last saw h ----- alive on -----, 19-----;  
and that death occurred on the date and hour stated above.

Immediate cause of death While riding in an auto. that struck a Frisco freight train at grade crossing. 2/22/41  
Duration

Due to Multiple fractures and severed spinal cord at axis vertebra.

Other conditions 6  
(Include pregnancy within 3 months of death)

Major findings: 77'D A  
Of operations 1 0

Of autopsy Yes

PHYSICIAN  
  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Feb. 22, 1941 1941  
(c) Where did injury occur? Valley Park, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? ----- (Specify type of place) (e) Means of injury 9  
Signature Louis H. Boyd (M. D. or other)  
Address Kirkwood, Mo. Date signed 2/26/41

**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 *John M. Meyer*  
Licensed Embalmer No. *3285*  
P. O. Address *Hickwood, Mo*

**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, fact should be so stated above.**

No. 2  
1-13-40  
-17-39-  
I X23155

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. m116

Registrar's No. 427

### 1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Robert J. Myers CCC7-352904

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter F Myers

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Edith Sticken

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. Margaret Dougan

(b) Address 1116a S. 4th St. St. Jos. Mo.

17. (a) Burial (b) Date thereof 2-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jos. MO.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Exclude pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Louis H Bopp Coroner (M. D. or other) 5

Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-8220

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**