

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Smith

12510
2940

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

500
17
9

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PARK LANE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME LULU MYERS
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ED. MYERS 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased OCT. 19 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
12. Name JOHN W. HALL
13. Birthplace CARMI ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN HALL
15. Birthplace CARMI ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant GLENDOLA MYERS
(b) Address CARMI ILLINOIS

17. (a) Removal (b) Date thereof APRIL 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carmi, Ill.

18. (a) Signature of funeral director Walker Funeral Home
(b) Address Carmi Illinois

19. (a) APR - 3 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State ILLINOIS (b) County _____
(c) City or town CARMI NR 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 6 minute 45 A. M.
21. I hereby certify that I attended the deceased from Mar. 27, 1941, to Apr. 3, 1941;
that I last saw her alive on Apr. 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Myocardial Heart
failure
Due to old heart failure
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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) no
(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) (Specify type of injury) no
Signature Dr. J. Smith (M.D.)
Address 4930 Lindell Blvd. Date signed 4-3-41

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 J. Fetter

Licensed Embalmer No.

3880

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.