

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20544

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5356

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Hosp # 10
(d) Length of stay: In hospital or institution less than 24 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5046 Cales Ave

In this community _____ years, months or days

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

3. (a) PRINT FULL NAME John Myers

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 23 year 1941 hour 13 minute 30 P M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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.

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

Immediate cause of death _____

7. Birth date of deceased: abt (Month) 1873 (Day) (Year)

Cardiac Hypertrophy
Chronic Myocarditis
Chronic interstitial nephritis

8. AGE: Years abt 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

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

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

10. Usual occupation Janitor

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant James J. Ferguson (b) Address 1309 Clark

17. (a) _____ (b) Date thereof 6-22-41 (Month) (Day) (Year)

18. (a) Signature of funeral director W. R. Kutz (b) Address 3500 Ruty

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? _____

23. Signature W. R. Kutz (M. D. or other) _____
Address W. R. Kutz Date signed 6/12/41

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

555
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17
9

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.