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

791

1003

File No. _____
Registered No. _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. 4439 Delmar) St. _____ Ward _____

2. FULL NAME

Infant Myers
(a) Residence, No. 4439 Delmar St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or _____ min.

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

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

FATHER 13. NAME Floyd L. Meyers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batesville Texas

MOTHER 15. MAIDEN NAME Wilma Opal Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coleman Texas

17. INFORMANT Mo Baptist Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL CITY CEMETERY DATE OCT 29 1941

19. UNDERTAKER City Health Dept (ADDRESS)

20. FILED OCT 29 1941 J. F. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1941

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1941, to _____, 19____
I last saw her alive on 10-6-, 1941. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Premature infant of five months development.
Other contributory causes of importance: 154

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? _____ (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? _____
If so, specify _____
(Signed) Norton John Overholser, M. D.
(Address) 4139 Washington Blvd.

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.

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