

FILED OCT 7 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2012

1. PLACE OF DEATH:

(a) County.....
(b) City or town Rural - Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Min.
In this community Life.
year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St. Mary's 6420 Clayton Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Infant Myers

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept. 30th, 1944.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 40 min min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business.....

MOTHER FATHER

12. Name Charles Myers
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laverne Wachter
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Myers

(b) Address 3127 Alfred Ave.,

17. (a) Burial (b) Date thereof 9/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.,

19. (a) OCT 4 1944 (b) E. S. McClaron M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th 4:45 A.M.
year 1944 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from (3:30) Sept 30, 1944 to Sept 30 (4:45) 1944
that I last saw her alive on Sept 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Atelectasis
Due to Prematurity and Bicorneate Deformities

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations.....
Of autopsy.....
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) (a) Means of injury 0

23. Signature Bernard W. Garity (M. D. or other)
Address 508 N. Grand Date signed 10/2/44

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

96000

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..... *No Embalming*
C. P. Kistler
Licensed Embalmer No..... *3877*
P. O. Address..... *7027 Gravois*

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.