S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 716

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 107

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800 3 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3205 Ivanhoe Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jerry Lee Myers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

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 ----- years

7. Birth date of deceased December 26, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	9	hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Ralph O. Myers
13. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dorothy Auberchon
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ralph O. Myers
(b) Address 3205 Ivanhoe Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 5 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 46 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-4, 1946 to 1-4-, 1946
that I last saw him alive on 1-4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death diarrhea

Due to

Due to

Other conditions
(Include 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature K. J. Blatter (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W Dietale

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.