

FILED MAY 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 219

Primary Registration District No. 6078

Registrar's No. 31

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL JACKSON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27
year 1946 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: acute Myo Carditis
(Necrotic + fatty)

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

Major findings:
Of operations _____
Of autopsy 93a

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) (e) Means of injury _____

23. Signature Sp. C. Bush, Coroner (M. D. or other)
Address St. Genevieve Mo Date signed 4-28-46

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

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: APRIL 29 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace: SPRINGFIELD ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN MYERS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant August Eisenberg
(b) Address Blairdale Mo

17. (a) BURIAL (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. LOUIS, MO
BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director ALBERT H. HOPPE
(b) Address 4700 WASHINGTON BLVD

19. (a) 5-7-46 (b) Dress M. Paul
(Date received local registrar) (Registrator's signature)

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

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 A. Agonaski
Licensed Embalmer No. 3398
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.