S. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35447

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8953

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4164 Washington Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Parvin Myers

3. (b) If veteran, name war Nil

3. (c) Social Security No. 431-09-8437

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Myers

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased January (Month) 21 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	8	27	hr. min.

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

10. Usual occupation Shipping Clerk

11. Industry or business

FATHER

12. Name Charles H. Myers

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

MOTHER

14. Maiden name Annie Shoptaugh

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

16. (a) Informant Elizabeth Myers

(b) Address 4164 Washington Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation West Memphis, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1946 hour 11 minute 30 M.

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.

Immediate cause of death	Duration
Coronary Occlusion	
Due to: Coronary Sclerosis	
Due to: 94	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 Felix E. Taylor (M. D. or other)

Address Dep. Coroner Date signed 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

8953

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. 4053

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.