

FILED MAR 21 1947
Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 651

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Villa Ridge
(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 _____

3. (a) PRINT FULL NAME ARNOLD LEE MYERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 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 December 9 1946
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke, non specific

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>3</u>	<u>12</u>	_____ min.

Due to _____

Due to _____

9. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation none

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Waldo L. Myers

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Best

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Waldo L. Myers

(b) Address Villa Ridge, Mo.

17. (a) Burial (b) Date thereof Mar 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director W. H. ...

(b) Address Washington Mo

19. (a) 5-21-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed [Date]

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

MOTHER FATHER

16
30

36
10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MA
3-26-47

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

Lester A. Pitt

Licensed Embalmer No.

3254

P. O. Address

Washington, 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.