No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 5 1948
Registration District No. 517

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 10953
Registrar's No. 807

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 7058 Mitchell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7058 Mitchell Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Theresa Myerscough
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 Widowed 2
6. (b) Name of husband or wife Richard
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 30, (Day) 1858 (Year)

8. AGE: Years 89 | Months 5 | Days 25 | If less than one day ..... hr. ..... min.
9. Birthplace Patterborn, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housework
11. Industry or business .....
FATHER
12. Name Emerich Myerscough
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Kreher
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Henry Myerscough
(b) Address 7058 Mitchell Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Patrick Cemetery Rump Illinois
18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Ave.
19. (a) 3-27-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 25th day ..... year 1948 hour 9 minute A M.
21. I hereby certify that I attended the deceased from November, 1947, to March 23, 1948; that I last saw her alive on March 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to advanced arteriosclerosis	
Due to 93 d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Maximilian Weitman (M. D. ~~[illegible]~~)
Address 3530 ARSENAL St. Louis Date signed 3-25-48

Jefferson City Printing Co.
(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 Robert F. Gebhen

Licensed Embalmer No. 4144

P. O. Address 2630 Grove

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.