

FILED SEP 10 1948

Registration District No. 524

Primary Registration District No. 6093

Registrar's No. 784

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
mo State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 da.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Bernard Myers

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 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 5 27 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 3 0 hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Edward Myers
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Farber
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Records mo State School
(b) Address Marshall mo

17. (a) Burial (b) Date thereof 8-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall mo

19. (a) Aug. 28-1948 (b) Sidney T Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5707 Cate Brillante
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1948 hour 12⁵⁻⁰ minute A M.

21. I hereby certify that I attended the deceased from 8-16, 1948, to 8-27, 1948
that I last saw him alive on 8-26, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations OB
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?

While at work? _____ (Specify type of place) (e) Means of Injury 0

23. Signature [Signature] (M. D. or other)
Address Marshall mo Date signed 8/27/48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

9-9-48

OCT 8 1948

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. _____

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.