

FILED OCT 23 1948

Registration District No.

Primary Registration District No. 6576

Registrar's No. 2287

1. PLACE OF DEATH: *St. Louis*

(a) County.....*St. Louis*

(b) City or town.....*Remat: Airport Townships*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....**JEWISH SANATORIUM 0**
(If not in hospital or institution, write street number, locality)

(d) Length of stay: In hospital or institution.....*11 months 3 weeks*
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....*MO* (b) County.....*000*

(c) City or town.....*ST. LOUIS*
(If outside city or town limits, write "RURAL")

(d) Street No.....*5707 COTE BRILLIANT AVE*
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME.....*Edward Myers*

3. (b) If veteran, name war.....*NONE*

3. (c) Social Security No.....*172*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....*October* day.....*2*
year.....*1948* hour.....*11* minute.....*45* A.M.

4. Sex.....*MALE* 5. Color or race.....*W*

6. (a) Single, widowed, married, divorced.....*MARRIED*

6. (b) Name of husband or wife.....*FANNIE MYERS*

6. (c) Age of husband or wife if alive.....*53* years

7. Birth date of deceased.....*UNKNOWN*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *October 25*
....., 19*47*, to *October 2*....., 19*48*;
that I last saw him alive on *October 2*....., 19*48*;
and that death occurred on the date and hour stated above.

Immediate cause of death.....*Typhoid fever*

Duration.....*14 days*

8. AGE:	Years	Months	Days	If less than one day
	<i>AB047</i>	<i>54</i>		hr. min.

Due to.....*61*

9. Birthplace.....*GERMANY 4*
(City, town, or county) (State or foreign country)

10. Usual occupation.....*BEER BOTTLER*

Other conditions.....*diabetes mellitus 14 months*
coronal and peripheral arterio
(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name.....*JACK MYERS 4*

13. Birthplace.....*GERMANY*
(City, town, or county) (State or foreign country)

14. Maiden name.....*DORA YONTIF*

15. Birthplace.....*GERMANY*
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....*old haemiplegia*

Of autopsy.....

Underline the cause of death which should be charged statistically.

16. (a) Informant.....*Jack Myers*

(b) Address.....*5707 Cote Brilliant*

17. (a) *BURIAL* (b) Date thereof.....*10-8-48*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....*Chapel Shel Emeth*

18. (a) Signature of funeral director.....*Oren Handler*

(b) Address.....*5010 Enright Ave*

19. (a) *10-2-48* (b) *Severly Shapiro*
(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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....*(1)*

23. Signature.....*Jewish Sanatorium*
Address.....*ROUTE 1 BOX 610* Date signed.....*10/2/48*

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

MOTHER FATHER

OCT 25 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

G. W. Wilkinson

Licensed Embalmer No. 3575

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.