

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3092
435

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, Missouri			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4433 Blair Avenue, 7.			d. STREET ADDRESS (If rural, give location) 4433 Blair Avenue, 7.		

3. NAME OF DECEASED (Type or Print) Edgar		a. (First)	b. (Middle) R.	c. (Last) Nyroth	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14th 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16th, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months 10	Days 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Nyroth	13b. MOTHER'S MAIDEN NAME Mahala Butler	14. NAME OF HUSBAND OR WIFE Laura Nyroth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Nyroth, 4433 Blair Avenue, 7.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9 1/2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 7, 1949, to Jan. 14, 1949, that I last saw the deceased alive on Jan. 13, 1949 and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry C. Westerman M.D.	23b. ADDRESS 2136 East Grand Ave	23c. DATE SIGNED 1-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-49	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 17 1949 J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9

1-3 & 7-8 P. M.
Mon., Wed., Fri.

[Handwritten mark]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo

Signed _____
Student Embalmer

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.