

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 25308

Registrar's No. 6723

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		12	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7 - 4214 Darby Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>		b. (Middle) <u>Myers</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 1 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept. 24, 1892</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Rudolph Myers</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Ley</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilhelmina Myers, 4214 Darby Ave.</u>				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus and Arteriosclerotic heart disease</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>  <u>8 yrs.</u> <u>8 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>930</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>July 17</u> , 1949, to <u>Aug. 1</u> , 1949, that I last saw the deceased alive on <u>Aug. 1</u> , 1949, and that death occurred at <u>10:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>FR Bradley</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>	
23c. DATE SIGNED <u>8/1/49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-4-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 2 1949</u>		REGISTRAR'S SIGNATURE <u>J B Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kraeger-Voss Funeral Home, 3402 N. Kingshighway</u>			
				ADDRESS			

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

SEP 7 1948

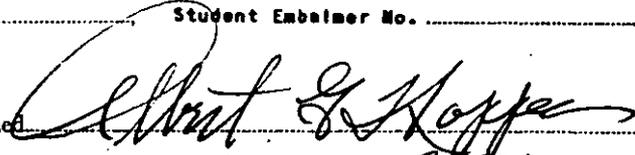
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 2971

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.