

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25058

State File No.

FILED JUL 16 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5810

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 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2179</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Alexian Bros.</u>		d. STREET ADDRESS (If rural, give location) <u>3308 Park Ave.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kelly</u>	b. (Middle)	c. (Last) <u>Myers</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>6</u> <u>26</u> <u>51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-12-1911</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>	IF UNDER 6 HRS. Hours <u>19</u> Min. <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>(See 10a)</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Myers</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia Myers</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Myers</u> ADDRESS <u>3308 Park Ave</u>
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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, asthma, 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) <u>Generalized abdominal carcinomatous</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>June 21/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatous of abdomen</u>	20. AUTOPSY? YES <input checked="" 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? <u>181X</u>
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22. I hereby certify that I attended the deceased from May 29, 1951 to June 25, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 11-20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen M. Tapper M.D.</u> (Degree or title)	23b. ADDRESS <u>818 Olive</u>	23c. DATE SIGNED <u>June 28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Affton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JUN 28 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Santa</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Fun. Home</u> ADDRESS <u>6322 S. Grand</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Stephen Tropper
Paul Brown Bldg.

MAY 23 1962

CE 5712

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed *David Van Fossen*
Student Embalmer No.

Licensed Embalmer No. *4242*

P. O. Address. *6322 So Grand*

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.