

MYERS

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43206

State File No.

11295

No. 300

10-48

FILED JAN 10 1952

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 <u>Mo.</u> b. COUNTY <u>2079</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4214 Darby Street.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4214 Darby</u>			d. STREET ADDRESS (If rural, give location) <u>4214 Darby Street.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelmina</u> b. (Middle) <u>Myers</u> c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1951.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4th, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward Ley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Rudolph H. Myers, Dec.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph E. Myers, 1356 Kingsland St L 14.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>			II. OTHER SIGNIFICANT CONDITIONS		?
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
			DUE TO (b) <u>Arteriosclerotic Occlusion of Coronary Artery</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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>		
22. I hereby certify that I attended the deceased from <u>Dec. 19, 1951</u> , to <u>Dec. 19, 1951</u> , that I last saw the deceased alive on <u>Dec. 19, 1951</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Clarence G. Mueller, M.D.</u>			23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>12-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRAEGER-FENWICK</u>		

(Licensed Embalmer's Statement on Reverse Side) 3402N, Kingshighway.

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

Dr. Clarence Mueller.
Mo Theatre, Bldg.
Phone. JE 7469.
Hrs. Wed & Thu.
2;15 to 5;00 PM.

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 *Thomas R. Demvick*

Licensed Embalmer No. *3793*

P. O. Address *3402 N. Kingsley*

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.