No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44162

FILED JAN 8 - 1953

BIRTH NO. — REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3365

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakland
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 835 Westwood Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakland 4780
d. STREET ADDRESS (If rural, give location): 835 Westwood Place 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dallas
b. (Middle): E.
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): 12 - 31 - 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 3 - 31 - 1876

9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Officer

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Police

11. BIRTHPLACE (City and State or Foreign Country): Washington, Indiana 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Myers

13b. MOTHER'S MAIDEN NAME: Olive Myers

14. NAME OF HUSBAND OR WIFE: Dora A. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Dora A. Myers, 835 Westwood Pl.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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. Chr. Nephritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4200

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1951 *to* 12-30, 1952, *that I last saw the deceased alive on* 12-30, 1952, *and that death occurred at* 10:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Royal C. McLean MD (Degree or title)

23b. ADDRESS: Kirkwood Mo.

23c. DATE SIGNED: 1/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 1/2/53

24c. NAME OF CEMETERY OR CREMATORY: Hiram Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 1 - 2 - 53

REGISTRAR'S SIGNATURE: Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Royal McLean
126 E. Jefferson, Kirkwood

Fri 11-12

FEB 20 1953

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 Warren A. Carver

Licensed Embalmer No. 353x

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of ST. LOUIS }

State File No. 44 [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3365

On this 6th day of February, 1953, ~~19X~~, before me appears Gladys Myers Bredehoeft, who, upon her oath, states that the original record of ~~birth~~ death for Dallas E. Myers, died ~~born~~ December 30, 1952, in the State of Missouri, and which was filed at Clayton on Jan. 2, 1953, should be corrected as follows:

Item No. 4 should read 12-30-52

Instead of 12-31-52

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gladys Myers Bredehoeft daughter
Gladys Myers Bredehoeft Relationship.
3 Douglass Lane
Kirkwood 22, Missouri Present Address.

Subscribed and sworn to before me this 6th day of February, 1953.

My Commission expires April 10, 1955 Elizabeth Walker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
I X37817