

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED APR 3 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 896

000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1124 E. 6TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		8. DATE OF BIRTH 3-27-79	
3. NAME OF DECEASED WILLIAM FRED MYERS (CORRECT) MYERS (ARMY)		4. DATE OF DEATH 3-16-53	
(Type or Print) FRED		(Month) (Day) (Year)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	9. AGE (In years less birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) ALTON, INDIANA
13a. FATHER'S NAME CALEB J. MYERS		13b. MOTHER'S MAIDEN NAME MARY (JACKSON) Roberts	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS. MO.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) THROMBOSIS OF UNIDENTIFIED CEREBRAL BLOOD VESSEL ANTECEDENT CAUSES GENERALIZED ARTERIOSCLEROSIS DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) VA		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		332X	
22. I hereby certify that I attended the deceased from 3-15-53 to 3-16-53 , XXXXXX and that death occurred at 9:40A m., from the causes and on the date stated above.			
23a. SIGNATURE J. T. KAMINSKAS, M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BKS. MO.	
23c. DATE SIGNED 3-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 19, 53	
24c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery		24d. LOCATION (City, town, or county) (State) BLODGETT, MISSOURI	
DATE REC'D BY LOCAL REG. 3-25-53		REGISTRAR'S SIGNATURE Hubert R. Douthett MD	
25. FUNERAL DIRECTOR'S SIGNATURE Ford Young Fun. Home Care, Gir., Mo.		ADDRESS	

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. 4736

P. O. Address Cape Guardian, N.C.

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.