

No. 300
10. 48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24964

Reg. #2229
SL #1920

State File No.

6965

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 MISSOURI b. COUNTY MILLER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo. c. LENGTH OF STAY (In this place) 19 days
c. CITY OR TOWN IBERIA d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.
e. STREET ADDRESS (If rural, give location) ROUTE #1 0660

3. NAME OF DECEASED a. (First) LEONARD b. (Middle) W. c. (Last) MEYERS
4. DATE OF DEATH (Month) (Day) (Year) July 27, 1954

5. SEX MALE 0 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 12/11/15 9. AGE (In years less birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) TEUSCUMBIA, MO. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOE MEYERS 13b. MOTHER'S MAIDEN NAME NORA ROLLINS 14. NAME OF HUSBAND OR WIFE VIOLET MEYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM
ANTECEDENT CAUSES DUE TO (b) THROMBOSES OF CORONARY ARTERIES, Right & left
DUE TO (c) PULMONARY INFARCTION DUE TO EMBOLI FROM MURAL THROMBOSIS
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 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) VA m. 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 4201

22. I hereby certify that I attended the deceased from 7/8, 1954, to 7/27, 1954, and that death occurred at 6:25A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS VAH, ST. LOUIS, MISSOURI 23c. DATE SIGNED 7-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE removal Motor 7-28-54 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) Iberia, Missouri (State)

DATE REC'D BY LOCAL REG. JUL 28 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1961

OCT 24 1961

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.....
Signature of Student Embalmer

Signed *Louis Van Fossan*.....

Licensed Embalmer No. *424*.....

P. O. Address *6322 1st St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.