

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25565

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1775

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. CITY OR TOWN <u>Overland Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 wks</u>		e. STREET ADDRESS (If rural, give location) <u>2100 BROWN Rd. H20X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward William</u> b. (Middle) _____ c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 24, 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floor Layer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flooring</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William F Meyers</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Duff</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-14-7920A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Myers-2100 Brown</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell Carcinoma</u>		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) <u>with metastasis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiopneumonia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>191X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6-1, 1954 to 7-31, 1954, that I last saw the deceased alive on 7-31, 1954, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Doublet M.D.</u> (Degree or title)	23b. ADDRESS <u>601 S. Brentwood Clayton, Mo</u>	23c. DATE SIGNED <u>7/21/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lebanon Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lattannell Mo</u>
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DATE REC'D BY LOCAL REG. <u>7/21/54</u>	REGISTRAR'S SIGNATURE <u>Richard B. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Max ...</u>	ADDRESS <u>Box 2504 Woodson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *David C. Gibson*

Licensed Embalmer No. *340*

P. O. Address *Overland*

**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.**