

STANDARD CERTIFICATE OF DEATH

32555

State File No. _____

FILED SEP 28 1954

BIRTH NO. 15309-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2227

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		
b. CITY OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 1 1/2 Hrs	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			e. STREET ADDRESS (If rural, give location) 4257a Cleveland		
3. NAME OF DECEASED a. (First) INFANT (Type or Print)			b. (Middle) MYERS	c. (Last) MYERS	4. DATE OF DEATH (Month) (Day) (Year) 9 21 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9/21/54	9. AGE (In years last birthday) Months Days 1 30	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Donald E. Myers		13b. MOTHER'S MAIDEN NAME Marion Koenig	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald E. Myers 4257a Cleveland			

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) <u>Premature separation of placenta</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>same - bleeding</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 0	19b. MAJOR FINDINGS OF OPERATION Delivery only		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) 7730	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/21/54, 1954, to 9/21/54, 1954, that I last saw the deceased alive on 9/21/54, 1954, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Erwin T. Huber M.D.		23b. ADDRESS Mo. Theater Bldg	23c. DATE SIGNED 9/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/22/54	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
DATE REC'D BY LOCAL REG. 9/21/54	REGISTRAR'S SIGNATURE Richard S. Tompkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hubruster Mortuary 6633 Clayton Road	

(Licensed Embalmers' Statement on Reverse Side)

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..

No Embalming

Student.....
Signature of Student Embalmer

Signed.....
Fred J. Garman

Licensed Embalmer No. *490*

P. O. Address *St. Louis*

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.