

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6381

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1129	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>11 days</i>		c. CITY OR TOWN <i>Bel Ridge 19</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>Jewish Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>8905 Boston 4190</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>BARBARA</i> b. (Middle) <i>JEAN</i> c. (Last) <i>MYERS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>FEB. 5, 1955</i>				
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>Aug. 16, 1951</i>		9. AGE (In years last birthday) <i>3</i>	10. MONTHS <i>3</i>	11. DAYS <i>3</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>N. Clark Myers</i>			13b. MOTHER'S MAIDEN NAME <i>Imogene Escue</i>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>N. Clark Myers 8905 Boston</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute lymphatic leukemia</i> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Mangelium</i>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>2040</i>					
22. I hereby certify that I attended the deceased from <i>Feb. 1954</i> , to <i>Feb. 5, 1955</i> , that I last saw the deceased alive on <i>Feb. 5, 1955</i> , and that death occurred at <i>8:40 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Marshall B. Greenman, M.D.</i>				23b. ADDRESS <i>412 N. Taylor</i>		23c. DATE SIGNED <i>2-7-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Feb. 8, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mount Lebanon</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>		
DATE REC'D BY LOCAL REG. <i>FEB 7 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Callen Kelly 7267 Natural Bridge</i>			

E.P. (Licensed Embalmer's 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..

Student.....
Signature of Student Embalmer

Signed *Ben E. Hoffman*.....

Licensed Embalmer No... *4366*.....

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.