

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14265**

FILED MAY 12 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **951**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY OR TOWN Brentwood		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 1401 Bob-O-Link Pl.				e. STREET ADDRESS (If rural, give location) 1401 Bob-O-Link Pl.				
3. NAME OF DECEASED (Type or Print) JACK			a. (First)		b. (Middle) MYRICK		c. (Last)	
4. DATE OF DEATH Apr. 23, 1955		(Month) (Day) (Year)		5. SEX M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-5-1892		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 2 Days 18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (City and State or Foreign Country) Piedmont, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Theodore Myrick			13b. MOTHER'S MAIDEN NAME Alice Coulter			14. NAME OF HUSBAND OR WIFE Irene Motz Myrick		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 488-12-7731		17. INFORMANT'S SIGNATURE OR NAME Irene Myrick, above				
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7-28, 1954 , to 4-18, 1955 , that I last saw the deceased alive on 4-18, 1955 , and that death occurred at 6:20 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Herman C. Ross			(Degree or title) M.D.		23b. ADDRESS 1695 Brentwood Blvd. Brentwood, Mo.		23c. DATE SIGNED 4-25-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-26-1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 4/25/55		REGISTRAR'S SIGNATURE Herbert R. Smith		25. FUNERAL DIRECTOR'S SIGNATURE LAY B. SMITH, Maplewood, Mo.		ADDRESS		

(Licensed Embalmer's Seal to be placed 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 *A. J. Burgess*.....

Licensed Embalmer No. *402*.....

P. O. Address *Maplewood*.....

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.