

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18381

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4480

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4480	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis, Mo.		c. LENGTH OF STAY (In this place) 18		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 3030 Clark Ave				STREET ADDRESS (If rural, give location) 3030 Clark			
3. NAME OF DECEASED (Type or Print) Birdie Myers				4. DATE OF DEATH (Month) (Day) (Year) 5-6-56			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec 17 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Festus Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A	
13a. FATHER'S NAME Lewis Key			13b. MOTHER'S MAIDEN NAME Sarah			14. NAME OF HUSBAND OR WIFE Clara Martin	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Martin 3030 Clark			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) No		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis, lung abscess & Aortic aneurysm				INTERVAL BETWEEN ONSET AND DEATH 4/12/56	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Aortic aneurysm DUE TO (b) _____ DUE TO (c) _____				5/6/56	
		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 <input 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) 592x			
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? 592x			
22. I hereby certify that I attended the deceased from 4/12/56 , 19____, to 5/6/56 , 19____, that I last saw the deceased alive on 5/6/56 , 19____, and that death occurred at 3:40a m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS 3100a Lucas Ave.		23c. DATE SIGNED 5/8/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-10-56		24c. NAME OF CEMETERY OR CREMATORY Festus		24d. LOCATION (City, town, or county) (State) Festus Mo.	
DATE REC'D BY LOCAL REG. MAY 8 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. L. Beal Und. Co 4303 Delmar Bly			

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Leroy Jr. Bennett

Licensed Embalmer No... 45

P. O. Address... 3880 E

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.