

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18382

State File No.

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3621**

| | | | | | | | | | |
|--|--|--|--|---|---|--|--|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | | | |
| 5. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 2 wks. | | c. CITY OR TOWN 4366 / University City | | 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 Jewish Hosp. | | | | e. STREET ADDRESS (If rural, give location) 8340 Archer | | | | | |
| 3. NAME OF DECEASED a. (First) WILFRED | | | b. (Middle) MYERS | | c. (Last) MYERS | | | 4. DATE OF DEATH (Month) (Day) (Year) April 10, 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar. | | 8. DATE OF BIRTH Feb. 11, 1914 | | 9. AGE (In years last birthday) 42 | 10. MONTHS Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager | | | 10b. KIND OF BUSINESS OR INDUSTRY Motion pict. theat. | | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Abe Myers | | | 13b. MOTHER'S MAIDEN NAME Ada Wolff | | | 14. NAME OF HUSBAND OR WIFE Faye | | | |
| 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. Unk. | | 17. INFORMANT'S SIGNATURE OR NAME Faye Myers | | | | ADDRESS 8340 Archer | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION 4-10-56 | | 19b. MAJOR FINDINGS OF OPERATION TUMOR OCCLUDING THIRD VENTRICLE; HYDROCEPHALUS | | | | | | 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) 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 3-27-1956, to 4-10-1956, that I last saw the deceased alive on 4-10-1956, and that death occurred at 3:30p. m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE A.E. Braverman <i>A.E. Braverman</i> | | | | (Degree of title) | | 23b. ADDRESS Jewish Hospital of St. Louis | | 23c. DATE SIGNED 4-11-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. | | 24b. DATE 4/12/56 | | 24c. NAME OF CEMETERY OR CREMATORY B'nai B'rith | | 24d. LOCATION (City, town, or county) (State) University City, Mo. | | | |
| DATE REC'D BY LOCAL REG. APR 11 1956 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Berger Memorial 4715 Mo. herson | | | | |

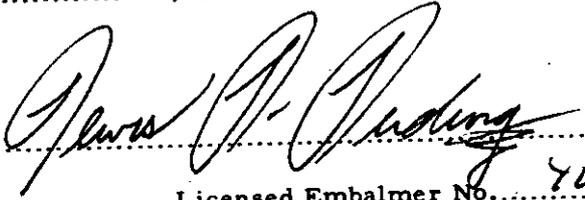
(Licensed Embalmer's Statement on Reverse Side)

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 
Licensed Embalmer No. 42

P. O. Address

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.