

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

2973

FILED FEB 4 1957

STATE FILE NUMBER 439

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 LUTHERAN HOSP.</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>12470 3422 MINNESOTA</u>
3. NAME OF DECEASED (Type or print) First <u>GARRETT</u> Middle <u>E.</u> Last <u>MYRICK</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>13</u> Year <u>1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 8 1901</u>		9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS UNION TR.</u>		11. BIRTHPLACE (City and state or country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13. FATHER'S NAME <u>AUGUSTUS D. MYRICK</u>		
14. MOTHER'S MAIDEN NAME <u>CECILIA DELL</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WARI</u>		
16. SOCIAL SECURITY NO. <u>488-03-5477</u>			17. INFORMANT <u>BARBARA MYRICK</u> Address <u>3422 MINNESOTA</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease & ac Cor. Occlusion</u> DUE TO (b) <u>Generalized atherosclerosis</u> DUE TO (c) <u>Sen yrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>420.0</u>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20e. CITY, TOWN, OR LOCATION COUNTY STATE			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>11/28/55</u> to <u>1/13/57</u> and last saw her alive on <u>12/2/56</u> Death occurred at <u>6:15 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter H. Hofer MD</u>			22b. ADDRESS <u>3108 S. Grand</u>		22c. DATE SIGNED <u>JAN 15 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>JAN. 16 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co., MO</u>
24. FUNERAL DIRECTOR <u>Thomas Kute 2906 Meador</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 15 57</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

