

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10466
STATE FILE NUMBER
1957

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1957

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN Normandy. 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital.		d. STREET (If outside, give location) ADDRESS Glen Echo Country Club.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST LEWIS WILKINS MYER.		4. DATE OF DEATH Month Day Year Feb'y 26, 1957.	
5. SEX Male. 0	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 3, 1869.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired..		10b. KIND OF BUSINESS OR INDUSTRY General Merchant.	9. AGE (In years last birthday) 87.
11. BIRTHPLACE (City and state or country) Dent County, Missouri. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Frederick Hyer.		14. MOTHER'S MAIDEN NAME Mary Watkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.		16. SOCIAL SECURITY NO. none.	17. INFORMANT Address Mrs W. B. Finken Keller, 9221 Inpedale Dr
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aplastic anemia (b) osteoporosis (c) general debility and old age DUE TO (b) Osteoporosis - general DUE TO (c) general debility and old age PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (If any which have rise to above cause (a) stating the underlying cause last.) fractured femur left leg Nov. 1945			INTERVAL BETWEEN ONSET AND DEATH + 1 yr
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input checked="" 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.) Fall in Jefferson Hotel		20c. TIME OF INJURY Hour Month, Day, Year p. m. November 5 - 1945	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 25	
20f. CITY, TOWN, OR LOCATION Lake Spring, Missouri.		20g. COUNTY STATE	
21. I attended the deceased from Nov 1945 to Feb 1957 and last saw him alive on 2/25/57 Death occurred at 5:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) J. W. Stungler M.D. 0		21b. ADDRESS 4952 Maryland	
21c. DATE SIGNED 2/26/57		21d. SIGNATURE	
22. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23. DATE 2/27/57.	
23a. NAME OF CEMETERY OR CREMATORY Lake Spring Cemetery.		23b. LOCATION (City, town, or county) (State) Lake Spring, Missouri.	
24. FUNERAL DIRECTOR C.R. Lupton & Sons, #7233 Delmar Blv'd.,		25. DATE RECD. BY LOCAL REG. FEB 26 '57	
26. REGISTRAR'S SIGNATURE Carl Smith M.D. MDS			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 WORKS 1947.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr. J. W. Thompson
4952 Maryland Avenue
Forest 7-8844
Hours: 1 to 3 PM

VS
JUL 1
1959

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.