

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034508

STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8607

5. 300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R To City Hosp.		d. STREET ADDRESS (If outside, give location) 1025 Ann Ave.	
Length of stay in lb 2239		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOEY Middle JUNIOR Last MEYERS		4. DATE OF DEATH Month 9 Day 5 Year 1958	
5. SEX Male	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 8-11-1954
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	9b. KIND OF BUSINESS OR INDUSTRY None	9c. BIRTHPLACE (City and state or country) St. Louis, Mo.	9d. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph E. Meyers		13b. MOTHER'S MAIDEN NAME Bonnie Summers	
14. NAME OF HUSBAND OR WIFE None		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. None		17. INFORMANT Alice Meyers-2151 S. Jefferson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Electrocution</i>			INTERVAL BETWEEN ONSET AND DEATH E914.0 22
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in Part I (a) <i>Thumped upon chest with inserted electric cord into</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DECEASED HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <i>thumped upon chest with inserted electric cord into while playing in home at 1025a Ann Ave. about 1120 am., September 5, 1958.</i>		
20c. TIME OF INJURY Hour 11:20 a.m. Month, Day, Year 9 5 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo.		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1135 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) <i>Gabriel Playlar, Coroner</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 9 5 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/8/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (Specify) St. Louis County, Mo.
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette Ave.		25. DATE RECD. BY LOCAL REG. SEP 5 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *James R. Chapman*
Licensed Embalmer No. *4550*
P. O. Address *St. Louis, Mo.*

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.