

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037906

FILED VS. NOV. 3, 1959

STATE FILE NUMBER

Primary Registration District No.

Registrar's No. **2 9583**

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		Length of stay in 1b YRS.	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 706 PINE STREET		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 706 PINE STREET.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH MASON MYERS			4. DATE OF DEATH Month Day Year OCTOBER 17 1959		
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 6-17-1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min. <input checked="" type="checkbox"/> UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY PAINTING.		11. BIRTHPLACE (City and state or country) SILEX, MO -	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK MYERS.		13b. MOTHER'S MAIDEN NAME IDA SUTTON		14. NAME OF HUSBAND OR WIFE -	
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. 489-01-2219		17. INFORMANT Address Edw. MYERS 5904 WISE AV. -	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Ventricular fibrillation (probable)					< 1 day
DUE TO (b) Arteriosclerotic heart disease					6 yrs.
DUE TO (c) 420.0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of liver, Duodenal ulcer					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1954 to Oct 1959 and last saw (him) live on 5 Oct. 1959 . Death occurred at 12 noon ± m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John Johnston, Jr., M.D. (Degree or title)			22b. ADDRESS 1641 S. Kings Highway (10)		22c. DATE SIGNED 19 Oct. '59
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE OCT. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR M.J. CROGHAN, 7146 MANCHESTER, ST. LOUIS 17, MO.		25. DATE RECD. BY LOCAL REG. OCT 19 1959		26. REGISTRAR'S SIGNATURE Loal Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

16411
- 25-10-19-1919
3-6-1919

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 J. E. Mirns

Licensed Embalmer No. 3361

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.