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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22910

JUL 22 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1284

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 7/3/40 (Specify whether
In this community - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Herrin
(If outside city or town limits, write "RURAL")

(d) Street No. 704 N. 17th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME John R. Mayers 620

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March (Month) 8 (Day) 1876 (Year)

8. AGE: Years 64 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Woodbury, (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Miner

11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant M Schillig
(b) Address Clinical Clerk, V.F. Jeff. Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof July. 9. 40. (Month) (Day) (Year)
(c) Place: burial or cremation HERRIN, ILLINOIS

18. (a) Signature of funeral director C. Hoffmeister U.-L.C.
(b) Address 7814 S. Broadway

19. (a) JUL 9 - 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1940 hour 4:00 minute a. M.

21. I hereby certify that I attended the deceased from July 3, 1940 to July 9, 1940; that I last saw him alive on July 9, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary arteriosclerotic and hypertensive heart disease with cardiac enlargement and myocardial insufficiency.	unkn.
Due to -	
Other conditions (Include pregnancy within 3 months of death): Nephritis, chronic, with nitrogen retention & mild edema.	unkn.
Major findings: ~~Of operations~~ Phlebitis, both femorals and iliacs.	unkn.
Of autopsy no autopsy.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. W. HUGHES, M.D., (M. D. or other)
Address Chief Med. Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

JUL