

No. 2
13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

JAN 15 1940 791 STANDARD CERTIFICATE OF DEATH

40188

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9959

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution MISSOURI BAPTIST HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL (b) County
(c) City or town SULLIVAN N.R.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JACK J. MYERS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 28 - 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 6 hr. min.

9. Birthplace Hammond Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer + Carpenter

11. Industry or business Grocery clerk

12. Name J. J. Myers

13. Birthplace Edgar Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Edgar Co. Ill.
(City, town, or county) (State or foreign country)

15. Birthplace Edgar Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant A. D. Palmer
(b) Address Sullivan Ill.

17. (a) Burial (b) Date thereof 12-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Ill.
(d) Signature of funeral director W. H. Mullen Funeral Home
(e) Address Sullivan Ill.

19. (a) DEC 4 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1940 hour 11:45 minute 45 P.M.

21. I hereby certify that I attended the deceased from Saturday
November 23, 1940, to December 3, 1940
that I last saw him alive on December 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?
While at work? (Specify type of place)
(e) Means of injury 1

23. Signature Edwin J. Pitt (M. D. or other) 1
Address 462 N. Taylor Date signed

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

MOTHER FATHER

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