

96  
00

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19130

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 1030

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town R.R. #6 Sappington, Mo.  
(c) Name of hospital or institution:  
Highway #66 & Sappington Rd  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town R.R. #6 Sappington, Mo.  
(d) Street No. Highway #66 & Sappington Rd  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John George Meyers

3. (b) If veteran, name war \_\_\_\_\_ 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 Elizabeth Meyers 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased March 21 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 1 22 hr. min.

9. Birthplace Cleveland Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Jacob Meyers  
13. Birthplace Switzerland  
14. Maiden name Hallauer  
15. Birthplace Switzerland

16. (a) Informant Mrs Elizabeth Meyers  
(b) Address R.R. #6 Sappington, Mo.  
17. (a) Burial (b) Date thereof 5/16/41  
(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director Louis H. Goss Inc.  
(b) Address 131 W Argonne Dr Kirkwood, Mo  
19. (a) MAY 14 1941 (b) DR Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1941 hour 10:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 12 1941 to May 13 1941  
that I last saw him alive on May 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs

Due to \_\_\_\_\_

Due to 93%

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 \_\_\_\_\_

23. Signature Andrew Youngman (M.D. or other) \_\_\_\_\_  
Address Sappington Mo Date signed 5/14/41

**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.....

*John M Meyer*

Licensed Embalmer No.....

*3288*

P. O. Address.....

*Wickwood, Ind*

**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 this body is not embalmed, fact should be so stated above.**