

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12918

State File No. 3619  
Registrar's No.

FILED MAY 7 1942 791  
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4345 Taft Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community..... 50 years  
years, months or days)

3. (a) PRINT FULL NAME JOHN ROBERT MYERS

3. (b) If veteran, name war..... none  
3. (c) Social Security No. 491-14-4403

4. Sex male ( )  
5. Color or race white  
6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased..... September 23, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 29  
If less than one day  
..... hr. .... min.

9. Birthplace Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business retired

12. Name..... unknown

13. Birthplace..... unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... Ellen Blanton

15. Birthplace..... Sullivan, Missouri ( )  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Emily Myers

(b) Address..... 4345 Taft Avenue

17. (a) Burial  
(Burial, cremation, or removal)  
(b) Date thereof Apr. 24, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director..... A. W. McLaughlin

(b) Address..... 2301 Lafayette Avenue

19. (a) 7 23 1942 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town..... St. Louis 15-17  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 4345 Taft Avenue  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from  
April 2, 1942 to April 22, 1942  
that I last saw him alive on April 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Left Cerebellum Hemorrhage  
Due to.....  
Arterial Sclerosis  
Due to.....  
83  
87

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?.....  
(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.....

23. Signature..... A. L. Keith (M. D. or other)  
Address 3406 Garois Date signed 4/24/42

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**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 Paul A. Keith

Licensed Embalmer No. 3613

P. O. Address 2317 Lafayette

**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.**