

FILED SEP 8 1942

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ladue Village  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clayton Rd. & Over Pl. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 3 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 12  
(c) City or town Ladue Village  
(If outside city or town limits, write "RURAL")  
(d) Street No. Clayton Rd. & Over Pl.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John M. Myers,

3. (b) If veteran,

name war no

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 Mabel Myers,

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Apr. 16, 1865

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

5

24

hr. min.

9. Birthplace

Pittsburg,

(City, town, or county)

Pa. /

(State or foreign country)

10. Usual occupation

Iron molder,

11. Industry or business

Iron foundry

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

9

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

9

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Mabel Myers

(b) Address

Ladue Village, Mo.

17. (a) Burial

Funeral

(b) Date thereof

8-12-1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Salon Cem. Ballwin, Mo.

18. (a) Signature of funeral director

Schrader Funeral Home,

(b) Address

Ballwin, Mo.

19. (a) AUG 12 1942

(Date received for record)

(b) S. McFarland

(Registrar's signature)

20. DATE OF DEATH: Month

Aug.

day 10,

year 1942

hour 11

minute 00 A.M.

21. I hereby certify that I attended the deceased from

July 27 1942 to Aug 8 1942

that I last saw him alive on Aug 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

menia

Duration

Due to

Pulmonary Tuberculosis

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature

R. J. Payne

(M. D. or other) MD

Address

University Club Bldg

Date signed 8-10-42

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

96  
12  
1

54: 0  
55: 0  
of  
T 2  
W  
D

2-7-16

**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..... *Theo Schradew* .....  
Licensed Embalmer No. *3066* .....  
P. O. Address *Baltimore, Mo.* .....

**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.