

FILED JUL 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4857

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:  
2416 Lemp Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME James Edward Myers

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 493-10-1076

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Harriett Myers  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Feb. 9 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 3 18  
hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker  
Hyde Park

11. Industry or business

12. Name William Myers  
13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Fennell  
15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Grady

(b) Address 704 Ann Ave.

17. (a) Burial (b) Date thereof 6/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, J. B. Mo.

18. (a) Signature of funeral director Walter H. H. H.

(b) Address 3634 Gravois Ave.

19. (a) MAY 31 1946 (b) J. F. Breeseck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2416 Lemp Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from  
....., 19....., to....., 19.....  
that I last saw him alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Myocarditis  
Due to.....  
Due to.....

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of 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) (e) Means of injury.....

23. Signature Walter H. H. H. (M. D. or other)  
Address St. Louis Date signed 5/31/46

**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.....

*Robert C. Wheeler*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St Louis 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.**