

FILED JAN 16 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **3441**  
 Registrar's No. **00081**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>00081</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carsonville</b>		c. LENGTH OF STAY (in this place) <b>YEARS</b>		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carsonville</b>		4. STREET ADDRESS (If rural, give location) <b>2629 Carson Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2629 Carson Road</b>				5. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1950</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Myles</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 13, 1890</b>		9. AGE (In years last birthday) <b>59</b>	if UNDER 1 YEAR Months <b>11</b> Days <b>25</b>	if UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Little Lake Park Inc.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Patrick J. Myles</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Christman</b>		14. NAME OF HUSBAND OR WIFE <b>Bernice Myles</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>490-14-9222</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Myles</b>		ADDRESS <b>2629 Carson Rd,</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma stomach</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 1 yr.</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>151X</b>	
19a. DATE OF OPERATION <b>10-1-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-15</b> , 19 <b>49</b> , to <b>1-7</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1-7</b> , 19 <b>50</b> , and that death occurred at <b>2:30p.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John J. Shaner M.D.</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>1-9-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-11-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-10-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donko</b>		FURNERAL DIRECTOR'S SIGNATURE <b>Chas. F. Stuart</b>		ADDRESS <b>1225 Union</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clement McMary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.