

S. No. 2  
M-5-43  
5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2929**

**FILED JAN 27 1947**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **446**

**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:  
1512 a S. Grand  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**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. 1512 a S. Grand  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Margaret Hughes Myles

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John R. Myles

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

7. Birth date of deceased Oct. 24, 1878  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation At Home

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

12. Name John Hughes

13. Birthplace County Mayo Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Joseph Myles

(b) Address 1512 a S. Grand

17. (a) Burial (b) Date thereof 1-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd.

19. (a) JAN 14 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 12  
year 1947 hour 10:40 minute \_\_\_\_\_ M. PM

21. I hereby certify that I attended the deceased from Dec. 12, 1946, to Jan. 11, 1947  
that I last saw her alive on Jan. 11, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Heart Disease

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

Due to \_\_\_\_\_  
Myocarditis  
Chronic Valvular Heart Disease

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

Duration

**PHYSICIAN**

Major findings:  
Of operations None

Of autopsy None

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) no

(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 John A. Hartwig (M. D. or other) M.D.

Address 2807 W. 13th Date signed 1/13/47

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

MOTHER FATHER

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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 John Ketter

Licensed Embalmer No. 3884

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.**