

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

10194

**1. PLACE OF DEATH**

County St. Louis  
 Township North  
 City (No. Jewish Sanatorium 37)

Registration District No. 789  
 Primary Registration District No. 6233B

File No. ....  
 Registered No. 90  
 St. .... Ward)

**2. FULL NAME**

Benjamin Merrim  
 (a) Residence No. 1235 A Burk Ave St. 37 1/2 Wm's Ward

(Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. \_\_\_ min.  
21 3 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work dept. clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Auto parts  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis Merrim

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lilara Wexler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

14. INFORMANT L. Merrim 210 B  
 (Address) 5642 Weber

15. FILED 3/22 19 30 Wella Gray M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21-1930

I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to March 21, 1930 that I last saw him alive on March 21, 1930, and that death occurred, on the date stated above, at 3 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

pulmonary tuberculosis

25 (duration) 1 yrs. 8 mos. 25 ds.

CONTRIBUTORY (SECONDARY) intestinal tuberculosis

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? clinical and labo.

(Signed) Sally Simon M.D.

3/21, 1930 (Address) Jewish Sanat. Robert

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

buried Beth Emeth DATE OF BURIAL 3/23/30

20. UNDERTAKER

H B Berger 4715 McPherson ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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APR 30 1930

