

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

Do not use this space.

11416

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Missouri (No. 1750 S., 18th Street) St. .... Ward)

File No. ....  
 Registered No. 2453

**2. FULL NAME** Arch Byron Merrow

(a) Residence, No. 1750 S. 18th Street St. 23 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Arch Merrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Catherine Merrow (ADDRESS) 1750 S. 18th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE March 16th, 1933

19. UNDERTAKER (ADDRESS) 2201 S. Grand Boulevard

20. FILED MAR 14 1933 19 W. C. Stanley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933 to Mar 13, 1933  
 I last saw him alive on Mar 13, 1933 Death is said to have occurred on the date stated above, at 1:40 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Mit Nephritis  
131  
 Other contributory causes of importance 131  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) Robert L. Weber, M. D.  
 (Address) 1837 S. 9th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Weber  
1837 S 9th Street  
2-4 P.M.