31

APR 9 1935

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

Do not use this space.

10728

File No.

Registered No. 2317

1. PLACE OF DEATH

County

Township

City St. Louis (No. Masonic Infirmary St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Dr. George W. Merritt

(a) Residence, No. 5351 Delmar St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 18 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: Elsie Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1, 1847

7. AGE: Years 88 | Months 2 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Lincastle, Va.

FATHER

13. NAME: Daniel Merritt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincastle, Va.

MOTHER

15. MAIDEN NAME: Susan Baker.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincastle, Va

17. INFORMANT (ADDRESS): Mrs. W. Waller 5351 Delmar ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lusechillsmo DATE 3-11-35 19

19. UNDERTAKER (ADDRESS): Alexander Sons 6175 Delmar Blvd.

20. FILED MAR 11 1935 19 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to March 10, 1935

I last saw him alive on March 10, 1935 Death is said to have occurred on the date stated above, at 12:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance: Chr. Interstitial Nephritis	6 months

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. 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 Lagueroux, M. D.

(Address) 508 N. Grand Blvd.

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.

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