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.

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

Do not use this space.

File No. 17489

Registered No. 4269

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 54[illegible] Odell av., St. Ward)

2. FULL NAME Nathan H. Merritt,

(a) Residence, No. (Usual place of abode) St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879-6-9

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	10	9	

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. Dept. License Com. St. Louis

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) St. Louis, Mo.

FATHER

13. NAME Nathan H. Merritt,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis,

MOTHER

15. MAIDEN NAME Mary A. Hance,

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

17. INFORMANT Chester Wm. Merritt,
(ADDRESS) 5430 Odell av.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion's DATE 4/21/36, 19

19. UNDERTAKER Robert J. Lumkemann
(ADDRESS) Clayton road at Concordia Lane

20. FILED APR 19 1936 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1936, to 4/18/36, 19

I last saw him alive on 4/17/36, 19 Death is said to have occurred on the date stated above, at 4:30 a.m. 4-18-36

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

	Date of onset
~~Stroke~~	4-13-36
Lobar Pneumonia	

Other contributory causes of importance: Septic Genitourinary Lesions

~~Pneumococcus~~ Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

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) Dr. G. L. Scott, M. D.

(Address) 7370 Manchester av.