

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.

JUN 26 1936

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

Do not use this space.

20564

1. PLACE OF DEATH

County St. Louis  
Township Bonhomme  
City (No. ....) .....

Registration District No. 785  
Primary Registration District No. 6031

File No. ....  
Registered No. 64  
St. .... Ward)

2. FULL NAME

Mary Merrick  
(a) Residence, No. Ritzwood No. 13 Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15-1875</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	If LESS than 1 day, .... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House work</u>	11. Total time (years) spent in this occupation <u>40 yrs</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1-1935</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Peru Ill.

13. NAME Richard Merrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ireland

15. MAIDEN NAME Mary Kirby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Peru Ill.

17. INFORMANT Alice M. Lowrey  
(ADDRESS) 5403 Queens St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Vincent's Cemetery  
PLACE La Salle Ill. DATE June 2, 1936

19. UNDERTAKER Schrader Funeral Home  
(ADDRESS) Ballwin Mo.

20. FILED May 31, 1936 Agnes C Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to May 30, 1936.  
I last saw her alive on May 29, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral hemorrhage Date of onset 5-27-36  
Epilepsy, Jacksonian 1883

Other contributory causes of importance:

Myocarditis, chronic

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) Oron J. Linn, M.D.

(Address) Manchester, Mo.

