

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

Do not use this space.

SEP 10 1937

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1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3943** **Mc Pherson** St. Ward)

File No.
Registered No. **7744**

2. FULL NAME **Elmer E Merker**

(a) Residence, No. **3943** **McPherson** St. **19** 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 **Marie Rankin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 25, 1861**

7. AGE YEARS **75** MONTHS **10** DAYS **21** If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked in this occupation (month and year) **Printing, 6 months (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) **Louisville** (STATE OR COUNTRY) **Ky**

13. NAME **James Henry Merker**

14. BIRTHPLACE (CITY OR TOWN) **Indiania** (STATE OR COUNTRY)

15. MAIDEN NAME **Josephine Elle**

16. BIRTHPLACE (CITY OR TOWN) **U.S.A.** (STATE OR COUNTRY)

17. INFORMANT **Frank C. Merker** (ADDRESS) **#5 Crestwood Drive**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Albany Ind.** DATE **Aug 17, 1937**

19. UNDERTAKER **H. Ross L. Co.** (ADDRESS) **2707 N Grand Blvd.**

20. FILED **AUG 17 1937** **Briedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 1, 1937**, to **Aug 16, 1937**

I last saw him alive on **Aug 16, 1937**. Death is said to have occurred on the date stated above, at **3:15 p.m.**

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

Anemia (Pericarditis) Date of onset **1935**

Other contributory causes of importance: **embolus of liver** **1936**

Name of operation **none** Date of
What test confirmed diagnosis? Was there an autopsy? **yes**

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) **The Jones** M. D.
(Address) **25700 Olive St.**

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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