

JAN 10 1938

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

42949
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
 (b) Township St. Louis Mo Primary Registration District No. 1003
 (c) City St. Louis Mo (d) Street No. 4206 Dundell Registered No. 11199
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4206 Dundell St. 19
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 yrs 7 mos 23 ds

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) St. Louis Mo

FATHER 13. NAME Howard Merlar

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary S. Stokes

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenway Mo

17. INFORMANT (ADDRESS) Dr. Thomas H. Hauler 1900 Bell Ave

18. BURIAL, CREMATION, OR REMOVAL St. Louis Mo DATE 11/23/37

19. FUNERAL DIRECTOR (ADDRESS) W. H. ...

20. FILE DEC 6 1937 J. Bredeck Local Registrar.

No MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 10:15 m.

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

Spontaneous Abortion
Cerebral hemorrhage
Stillbirth

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?
 If so, specify Alfred Perry M.D.
 (Signed) Alfred Perry (Address) Alfred Perry

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)