

REC'D JUL 12 1938

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

20401

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. *291*  
(b) Township ..... Primary Registration District No. *1008*  
(c) City *St Louis* (d) Street No. *1211 N. 10th* St. *640*  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

Registered No. **5540**2. PRINT FULL NAME *Andrew Merrill*

(a) Residence, No. *1211 N. 10th St* St. *25* (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 1, 1882</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>3</i>
	DAYS <i>14</i>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	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. <i>Labor</i>	
	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) <i>Lenn.</i>		
FATHER	13. NAME <i>Roebuck Merrill</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lenn.</i>	
MOTHER	15. MAIDEN NAME <i>Grace</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Surtrude Beasley</i> <i>1211 N. 10th St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dickson</i> DATE <i>June 20, 1938</i>		
19. FUNERAL DIRECTOR <i>F. H. Green</i> (ADDRESS) <i>2915 Franklin Avenue</i>		
20. FILED <i>J. F. Bredek</i> <i>Local Registrar</i>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 15, 1938*

22. I HEREBY CERTIFY That I attended deceased from *June 10th, 1938* to *June 14th, 1938*  
I last saw him alive on *June 14th, 1938* Death is said to have occurred on the date stated above, at *5:30 a* m.  
The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia*

Other contributory causes of importance: *100*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *clinical* Was there an autopsy? *N.O.*

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? *N.O.*  
If so, specify \_\_\_\_\_  
(Signed) *S. S. S. S. S.*, M. D.  
(Address) *928 N. 14th St*

Date of onset

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 20 1938

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, *F. A. Green*

Licensed Embalmer No. 2963

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *F. A. Green*

Licensed Embalmer No. 2963

**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.)**