

REC'D FEB 10 1939

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

162

Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Missouri Baptist Hospital** St. Registered No. **162**
(e) Length of residence in city or town where death occurred **60** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Emma Martha Merciel**

(a) Residence, No. **5348 Jennings Road.** St. **NR Jennings Mo.**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19th. 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
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) **Ills. /**13. NAME **John A. Vogel**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Martha Kurtz**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Bertha Merciel**
(ADDRESS) **5348 Jennings Road.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **1-5** 193919. FUNERAL DIRECTOR **Provost Und. Co.**
(ADDRESS) **2710 N Grand Blvd**20. FILED **JAN 4 1939** 19 **J. A. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-3-39** 19

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

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at **11.00 A.M.**

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

Fracture of Skull
Fracture of Elbow
Cont. Arterio-sclerosis
as a result of fall down
stairs in her home
Date of onset
Jan. 3 1939 about 5:00 AM

Other contributory causes of importance:

Accident Date of **70**
Name of operation **Accident** Date of **70**

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 **Accident** Date of injury **1/3 1939**Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury _____

Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? **NO**

If so, specify _____

(Signed) **Alfred J. Perry**(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

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

L. E. 3916

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

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)