2-4 1939

REC'D AUG 7 1939

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

Do not use this space.

File No. 26803

Registered No. 1333

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 284

Township Primary Registration District No. 500

City Lemay (No. Mt St Rose Hospitall St. Ward)

2. FULL NAME Arthur W Mercer 626

(a) Residence, No. Mat Benton St., Ward. Valley Park Mo
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Missouri

FATHER

13. NAME James Mercer ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know ?

MOTHER

15. MAIDEN NAME Martha Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Anna Mercer Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riedville Mo DATE 7-26 1939

19. UNDERTAKER (ADDRESS) Harry Schrader Baldwin Mo

20. FILED JUL 24 1939 W. R. Myers M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939, to July 24, 1939

I last saw h... alive on July 23, 1939. 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:

	Date of onset
Fat Cadr Pulm Tbc	unknown
Tuberculous Enteritis	

Other contributory causes of importance:

23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) Bernard C Baumann M. D.

(Address) Mt St Rose Lemay

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.

Embalmed by
Howard F. Rowland
L E No 3114
St Louis. Mo