

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8999**

791
1003

RECD NOV 13 1939

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
2747 Geyer Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Minnie Mertin 635

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 88 Unknown Unknown hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 6

11. Industry or business _____

12. Name ? Wachter 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Niemeyer

(b) Address 2747 Geyer Ave.

17. (a) Burial (b) Date thereof Oct. 25-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) OCT 23 1939 (b) J. B. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2747 Geyer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1939 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug 29, 39
Oct 27, 39 to Oct 22, 1939
that I last saw her alive on Oct 22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to _____

Due to _____

Other conditions Ch. Colitis 210K6
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. C. Moydell (M. D. or other) _____

Address 2940 e California Date signed 10/23/39

Physician _____

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Benj. C. Dunbar

Licensed Embalmer No. 2072

P. O. Address 1924 Allen

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.)

If this body is not embalmed, above space should be left blank.