

791 FILED MAR 12 1940

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME VERA LORENA MERRY

8. (b) If veteran, name war _____ No. _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Douglas 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 6 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 8 10 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Julius McCracken
13. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Anna Enloe
15. Birthplace Greenville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Douglas Merry
(b) Address Greenville, Ill.

17. (a) Removal (b) Date thereof 2-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) FEB 17 1940 (b) J. P. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Greenville
(If outside city or town limit, write "RURAL") **NR**
(d) Street No. 410 North Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16
year 1940 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from February 9th, 1940, to February 16, 1940;
that I last saw her alive on February 16, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS
FAR ADVANCED

Due to _____
Due to PULMONARY HEMORRHAGE

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 2-16-40

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

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address

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.