DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8023

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 52

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospt. #4
(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 870 Clark Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Cecelia Merkel

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife Wm. A. Merkel 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. (Month) 10 (Day) 1870 (Year)

8. AGE: Years 69 Months 4 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Ernst Althage

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

14. Maiden name Decelia Fullmer

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

16. (a) Informant's own signature Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park, St. Louis, Mo.

18. (a) Signature of funeral director C. P. Kidwell

(b) Address 6937a Gravois, St. Louis, Mo.

19. (a) Mch 1-1940 (Date received local registrar) (b) V. B. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 15, 1939, to 40 Feb. 29, 1940; that I last saw her alive on Feb. 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days
Due to Carcinoma of Pancreas	4 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy Carcinoma of Pancreas Hypostatic pneumonia

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Paul J. Schrader M.D. (M. D. or other)

Address Farmington, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

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.

MARGIN RESERVED FOR BINDING

SUM-5-17-39 Rev. 5-17-39 1 X19511

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 E. P. Kadwell

Licensed Embalmer No. 3877

P. O. Address 6937a Gravois

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.