

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 9073
 Registrar's No. 2556

Registration District No. 791

Primary Registration District No. 1003

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:
2601 North 9th. Street.
(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 Albert Merzweiler.

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

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

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

7. Birth date of deceased August 17, 1862.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Cooper (retired)

11. Industry or business _____

MOTHER FATHER
 { 12. Name Valentine Merzweiler.
 { 18. Birthplace Germany.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Barbara Mueller.
 { 15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dr. Emma Phelan.
 (b) Address 5321 Bartmer Ave.

17. (a) Burial (b) Date thereof 3-18-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
 (b) Address 5966-68 Easton Ave.

19. (a) MAR 18 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
 (d) Street No. 2601 North 9th. Street.
(If rural, give location)
 (e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th.
 year 1940 hour 11:15 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Arteriosclerosis
with atherosclerosis

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)
None

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?
No

While at work? _____ (Specify type of place) _____
 (a) Means of injury _____
 23. Signature W. H. Phelan (M. D. or other) _____
 Address Calvary Cemetery Date signed 3-18-40

Duration

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
 1 X 11511

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 3454

David C. Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. B...

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.