

S. No. 2
—11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17292**

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **4770**

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

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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether _____)
In this community **Five Years**
(years, months or days)

8. (a) PRINT FULL NAME **James Merraman 652**
8. (b) If veteran, name war
8. (c) Social Security No. **412-05-7329**

4. Sex **male** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Essie Merriman** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **2 1 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 3 28 hr. min.

9. Birthplace **Birmingham Ala**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **Scullin's Steel Co.**

MOTHER FATHER
12. Name **Robert Howell Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Morris**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Essie Merriman**
(b) Address **1317 Carr (Rem)**

17. (a) _____ (b) Date thereof **6-2-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **A. J. Walton**
(b) Address **2707 Stoddard St**

19. (a) **MAY 31 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 25**
(If outside city or town limits, write "RURAL")
(d) Street No. **1317-r Carr**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5** day **29**
year **1940** hour **3:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **5-25-** 19 **40** to **5-29-** 19 **40**,
that I last saw h. **im** alive on **5-29-** 19 **40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** About **2** Years
Hypertension

Due to _____
Due to _____
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 **H. J. Symon** (M. D. or other) _____
Address **2601 Whittier** Date signed **5-29-1940**

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

Robert A. Powell

Licensed Embalmer No.

3402

P. O. Address

3100 Franklin

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.

Howell

Oliver Fattus