

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41152

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

Township St. Louis

Primary Registration District No. Booth Memorial Hosp

City St. Louis

(No. Booth Memorial Hosp Ward 4)

File No. 10923

Registered No. 10923

2. FULL NAME

(a) Residence, No. 1547 N. Lusk St. Ward 4

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31-1940

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Kenneth Merrill

14. BIRTHPLACE (CITY OR TOWN) Birchtree, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Nellie Elizabeth Worth

16. BIRTHPLACE (CITY OR TOWN) Leadwood - Missouri (STATE OR COUNTRY)

17. INFORMANT Booth Memorial Hospital (ADDRESS) 1547 N. Lusk

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 2 1941

19. UNDERTAKER Marlow Bros (ADDRESS) 1219 S. 1st

20. FILED DEC 31 1940 J. H. Zudich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1940 to Dec. 31 1940

I last saw him alive on Dec. 31 1940 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Intra cranial
subdural hemorrhage
Premature weeks

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Field E. Emmert M. D.
(Address) 713 Metropolitan Bldg

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.

No Embalming