

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12537**
Registrar's No. **2967**

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 **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Etta May Merritt**

3. (b) If veteran, name war.....
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 **John P. Merritt** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **February 22, 1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **11** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Calvin Hatfield**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Huff**
15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John P. Merritt**
(b) Address **1038 S. Taylor**
17. (a) **Burial** (b) Date thereof **4/5/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Edith E. Ambruster**
(b) Address **4234 Manchester**

19. (a) **APP - 4 1941** (b) **J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1038a South Taylor**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**
year **1941** hour **8** minute **30** a.m.

21. I hereby certify that I attended the deceased from **March 26**, 19**41**, to **April 3**, 19**41**,
that I last saw h**er** alive on **April 3**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
all lobes of both lungs
Due to **Purulent Bronchitis**
Chronic Bronchitis, Bronchiectasis
Due to **Chronic Pulmonary Fibrosis**
Degenerative Heart Disease
Other conditions **Toxic Delirium**
(Include pregnancy within 3 months of death)

Major findings: **93d**
Of operations.....
Of autopsy **As Above**
No gross evidence cerebral lesion

Duration
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 **0**
23. Signature **J. Mayer** (M. D. **RECK**)
Address **BARNES HOSPITAL** Date signed **4-3-41**

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

0
7
9

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

Floring Eymck

Licensed Embalmer No.

1284

P. O. Address

St. Louis Mo.

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, fact should be so stated above.