No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12636

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3066

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: 5345 Arlington Ave. (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 60

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. 5345 Arlington Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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8. (a) PRINT FULL NAME Wilhelmina M. Merklin,
8. (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 Hogom Merklin,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 17. 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	5	20	hr. min.

9. Birthplace Caseyville, Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER 12. Name Wolfgang Goeschel
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Christine Ottomer,
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Walter Merklin,
(b) Address 5345 Arlington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemtery
18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.
19. (a) APR - 8 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1941 hour 10 minute 40 A. M.
21. I hereby certify that I attended the deceased from, 19, to April 7th, 1941; that I last saw he alive on April 6th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardosis — Duration 24 days
Due to Cardio Vascular renal pathology — 6 mo
Due to Hypertension several years
Other conditions Senility
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D.)
Address 3801 Lee Ave Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

my 108E

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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.