. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13069

MAY 13 1941

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 3499

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17yrs.7mos.10days (Specify whether

In this community About 37 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 13 (If outside city or town limits, write "RURAL")

(d) Street No. 3319 Abner Pl. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GEORGIA MERRYMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Robert Merryman

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 18, 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months - Days 5 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business Housework

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Virginia Primeau

(b) Address 7100 Edison ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd. Overland Mo.

19. (a) APR 24 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1941 hour 3:05 minute A. M.

21. I hereby certify that I attended the deceased from 4-1-41, 19__, to 4-23-41, 19__; that I last saw her alive on 4-23-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction 4-14-41	
Due to Volvulus	
Regional Peritonitis 4-15-41	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 122	
Of autopsy Yes.	

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 0

23. Signature N. J. Bublis (M. D. ~~or other~~)

Address 5300 Arsenal Date signed 4-23-41

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson, Overland

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.