

1941 STANDARD CERTIFICATE OF DEATH

State File No. 15935

Registration District No. 984

Primary Registration District No. 200

Registrar's No. 930

MAILED MAY 9 1941

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Rural Gravois.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 10009 Gravois Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 96
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 10009 Gravois Rd. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Life. 0 years.

3. (a) PRINT FULL NAME Elizabeth Merckel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 11th, 1880.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Fred Stegmann Sr.

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Bertha Backhaus

15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Merckel

(b) Address 10009 Gravois

17. (a) Burial (b) Date thereof 5/3/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John R. Ziegenhain & Sons

(b) Address 7027 Gravois Ave.

19. (a) MAY - 3 1941 (b) R. Meyer
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
 year 1941 hour 12:00 minute Noon. M.

21. I hereby certify that I attended the deceased from Apr 20, 1934 to April 30, 1941
 that I last saw her alive on April 30, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to arterio sclerosis 7 yrs

Due to _____

Other conditions gout
 (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 J. Andrew Purnaman (M. D. or other) D

Address Sappington mo Date signed 5/1/41

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

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.....

E. P. Kidwell

Licensed Embalmer No. *3877*

P.O. Address *7027 Gravois*

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.