

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33568
Registrar's No. 8526

FILLED NOV 24 1941
Registration District No. 791

Primary Registration District No. 1003

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

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: Park Lane Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LOUISE MERTENS
3. (b) If veteran, name war none 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 August Mertens 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 18, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 6 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Allen Dove
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Susan Thornton
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant August Mertens
(b) Address Belleville, Illinois

17. (a) Belleville, Ill (b) Date thereof Oct. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director Wm. A. Bredack
(b) Address Belleville, Illinois

19. (a) OCT 28 1941 (b) J. F. Bredack
(The officer's local registration number) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Dewey
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 21 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24th
year 1941 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from 7-10-41, 19____, to 10-24-41, 19____;
that I last saw her alive on 10-24-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction

Due to Carcinoma of rectum

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy _____

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 Wm. A. Bredack M.D.
Address 4930 Lindell, St. Louis Date signed 10-25

8526

8526

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: *Edgar A. Baldus*
Licensed Embalmer No. *2846*
P. O. Address: *Bellerive, Ill.*

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.