

No. 2  
-1-4-41  
-1-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39391  
Registrar's No. 2359

FILED DEC 1 1941

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 11/18/41  
(Specify whether  
In this community Unknown.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1817-A Menard Street  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME William H. Merkel  
3. (b) If veteran, name war World War  
3. (c) Social Security No. Yes-not

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 21st.  
year 1941 hour 12:40 minute - p. - M.  
21. I hereby certify that I attended the deceased from November 18, 19 41 to November 21, 19 41.  
that I last saw him alive on November 21, 19 41.  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced remembered Married  
6. (b) Name of husband or wife Bulah  
6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased. May 23, 1889  
(Month) (Day) (Year)

Immediate cause of death  
Intraabdominal malignancy,  
type undetermined. Duration Unknown  
Due to 552  
Due to 552  
Other conditions Anemia, secondary.  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
52 5 29 hr. min.

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

10. Usual occupation Paperhanger

11. Industry or business -

MOTHER FATHER  
12. Name William Merkel  
13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Susie Schmidt  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: No operation.  
Of operations No autopsy.  
Of autopsy No autopsy.  
Underline the cause to which death should be charged statistically.

16. (a) Informant M. Schullig  
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no.  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 11-24-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

(Specify type of place)  
While at work? (a) Means of injury

18. (a) Signature of funeral director A. J. McLaughlin  
(b) Address 2301 Lafayette Avenue

23. Signature I. M. COCHRAN, M.D. (M. D. or other)  
Address Chief Medical Officer. Date signed 11/21/41

19. (a) 11-23-41 (b) I. M. Cochran  
(Date received local registry) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 5 1949

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.....

*Ralph A. Luiders*

Registered Apprentice No. *281*

working under my personal supervision.

Signed

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address. *2317 Lafayette*

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.