

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

State File No. 3929

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3943 Labadie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. 3943 Labadie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Mercer

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Nov 11 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Prairie Town Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Henry Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dora Cooley
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Carroll
(b) Address 3943 Labadie

17. (a) Removal (b) Date thereof 5/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ill.

19. (a) MAY 2 1942 J. F. Budick
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 42 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 5/1/42
16 1942 to 5-1-42
that I last saw her alive on 5-1-42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to _____
Due to _____
Other conditions pericarditis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
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 J. E. Purcell (M. D. or other) MD
Address 1205 W. Locust Date signed 5-1-42

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

MOTHER FATHER

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.....

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo

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.