

FILED MAY 20 1942
Registration District No. _____

Primary Registration District No. **2036**

Registrar's No. **300**

1. PLACE OF DEATH:

(a) County **ST. CHARLES**
(b) City or town **ST. CHARLES**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH HOSPITAL
(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 **ST. CHARLES**
(c) City or town **ST. PETERS** **92**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. _____
(If rural, give location) **3**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. EMMA MERGENTHAL**

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

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN MERGENTHAL** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **APRIL 25 1897**
(Month) (Day) (Year)

8. AGE: Years **44** Months **7** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **ST. CHARLES COUNTY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **JOSEPH KOPER**

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

MOTHER FATHER { 14. Maiden name **LIZZIE BICKMANN**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Koper**

(b) Address **St Charles, Mo**

17. (a) **BURIAL** (b) Date thereof **MAY 1, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. JOHNS CEMETERY**

18. (a) Signature of funeral director **Heggenmann - Paul**

(b) Address **326 N 6th St St Charles Mo**

19. (a) **5-1-42** (b) **Clarence G. Wesseler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **29**
year **1942** hour **8** minute **39** A. M.

21. I hereby certify that I attended the deceased from **Oct. 5** to **April 29 1942**
that I last saw him alive on **April 28 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia** Duration **6 days**
Due to **Nephritis (Brights Disease)** **6 mo.**
Due to **Hypertension** **3 yrs.**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **131 f**
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 **0**
3. Signature **Nicholas J. Nonchard** Date signed _____
Address **O'Fallon, Mo**

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

92
9
3

679

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 Arthur C. Bine

Licensed Embalmer No. 8147

P. O. Address St. Charles 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.