

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No.

1003

5042

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6115 Tennessee
(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)

3. (a) PRINT FULL NAME Ursuline Mergan

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 Widowed

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

7. Birth date of deceased November 12 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace East Carondelet No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Wirges
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Byrnes
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Weilliker
(b) Address 6115 Tennessee Ave.

17. (a) Burial (b) Date thereof June 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister W.L.C.

(b) Address 7814 S. Broadway

19. (a) JUN 10 1942 (b) G. F. Brudeck
(Date received local report) (Registrar's signature)

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. 6115 Tennessee Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1st to June 9th 1942
that I last saw her alive on June 9th 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Carcinoma sigmoid Duration 11-1-41+

Due to _____

Due to H/O

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations H/O

Of autopsy Carcinoma sigmoid

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?

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

23. Signature William F. McNamee (M. D. or other) MD
Address 5012 Wilbur Ave. Date signed 6/10/42

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

50
19
9

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

Louis C. Hoffmeister

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broad

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.