No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19042

FILED JUN 1 1942

Registration District No. 7884 Primary Registration District No. 200 Registrar's No. 1152

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirk (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kirk Hospital D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 645 days (Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 17 S. 16th (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CHARLES MERTEN
3. (b) If veteran, name war: NONE
3. (c) Social Security No. 497-10-3692
4. Sex: MALE D
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lucy (Barringer) Merten
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: June (Month) 21, (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
58	11	3	hr. min.

9. Birthplace: Chicago (City, town, or county) Ill (State or foreign country)
10. Usual occupation: News agent on Train
11. Industry or business:
FATHER 12. Name: William Merten
13. Birthplace: 4 Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Katherine Snow
15. Birthplace: 4 Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Kirk Hosp. Records
(b) Address: Kirk, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY
18. (a) Signature of funeral director: Sullen + Kelly
(b) Address: 1416 N. Taylor Ave
19. (a) MAY 27 1942 (Date received in local registrar's office) (b) C. J. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 12:35 minute P. M.
21. I hereby certify that I attended the deceased from 8-14, 1940, to 5-24, 1942, that I last saw him alive on 5-24, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	28 mo (?)
Due to:	
Due to:	
Other conditions: Tbc. of spine, kidney (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Confirms above

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: 0

23. Signature: Bernard Friedman (M. D. or other) MD
Address: Kirk Hosp, Kirk, Mo. Date signed 5-25-42

107 (Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

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.