

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community.....
years, months, and days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 920
(d) Street No. 2625 A. Cass
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Wm. J. Merrell

3. (b) If veteran, name war NONE
3. (c) Social Security No. 488-16-9752

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased Sept 26 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 25 If less than one day..... hr. min.

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

10. Usual occupation Mechanic
11. Industry or business U.S. Post Office

MOTHER FATHER { 12. Name Wm. Merrell
13. Birthplace KY
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Ann
15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Merrell
(b) Address 2625 A Cass

17. (a) BURIAL (b) Date thereof JULY 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director C. Taylor
(b) Address 1716 1/2 N. Taylor

19. (a) JUL 22 1942 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour 10 minute A.

21. I hereby certify that I attended the deceased from July 14, 1942 to July 21, 1942
that I last saw him alive on July 21, 1942
and that death occurred on the 21st date and hour stated above.

Immediate cause of death 9 hole apertures & Phlegm coagulation Duration 7:14:42

Due to.....

Due to.....

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

Major findings: Stomach contents
Of operations Cholelithiasis
Of autopsy.....

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.....

23. Signature [Signature] (M. D. or other).....
Address [Address] Date signed 7.21.42

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 *James A. Summers*
.....
Licensed Embalmer No. *4142*
.....
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.