. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26038

Registrar's No. 7197

1. PLACE OF DEATH:

(a) County

(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:
City Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 29 Years in St Louis Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis. 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3852 Marine Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JACOB MERLE

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-2595

4. Sex Male

5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Merle

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 25 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Merle
13. Birthplace Hungary
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Meier
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Merle
(b) Address 3852 Marine Ave.

17. (a) Burial (b) Date thereof Aug 29, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2806 Gravois Ave.

19. (a) AUG 28 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1942 hour 8 05 A.M. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Subdural and extradural Hemorrhage of Brain when he fell from a Ladder While working on a Garage in the rear of 5315 Michigan ave 8/22/42 exact time unknown

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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) Accident
(b) Date of occurrence 8/22/42
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F Callaven (M. D. or other)
Address Deputy Coroner Date signed 8/27

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris.

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.