

FILED DEC 21 1942

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10403**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo 6 dys
(Specify whether years, months or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State Missouri (b) County 17
(c) City or town St. Louis 9 / 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5706 So. Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MERRILL, Charles Henry
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec 11 day 10 hour 10 minute 10 P. M.
1942

4. Sex M
5. Color or Race W
6. (a) Single, widowed, married, divorced 2 widower
(b) Name of husband or wife Mary
(c) Age of husband or wife if alive 7 years 1862
7. Birth date of deceased: Oct. (Month) 7 (Day) 1862 (Year)

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

8. AGE: Years 80 Months 2 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Hypertensive Cardiovascular disease
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Nil

Other conditions Sensitivity to psychosis; generalized arteriosclerosis.
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings _____
Of operations _____

12. Name John Merrill

Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Melissa Davis (State or foreign country)

14. Maiden name ??? (State or foreign country)

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

16. (a) Informant D.E. Basso

(b) Address 5800 Arsenal, St. Louis, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director [Signature]
(b) Address 7814 S. Biddle

19. (a) DEC 14 1942 (Date received local registrar) (b) J. F. Bredesch (Registrar's signature)

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? _____ (2) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 5600 Arsenal St. Date signed 12-12-42

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

MOTHER FATHER

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.....

Linus C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Linus C. Hoffmeister*.....
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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.