V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15472

FILED MAY 6 1947

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 877

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 7, 1943. (Specify whether In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 977

(a) State Illinois (b) County 11

(c) City or town East St. Louis (If outside city or town limits, write "RURAL") 0

(d) Street No. 1323 Boismenue (If rural, give location)

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

If yes, name country - 2

3. (a) PRINT FULL NAME Lex Merrell

3. (b) If veteran, name war W.W.#1

3. (c) Social Security No. 355-01-2068

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife -

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

7. Birth date of deceased October (Month) 31, (Day) 1895 (Year)

8. AGE: Years 47 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lillie Hyman
15. Birthplace (City, town, or county) Mississippi (State or foreign country) 1

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF Jeff. Bks. Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Nat Cemetery Jefferson Barracks

18. (a) Signature of funeral director Thos Offers

(b) Address E St Louis Ill

19. (a) APR 13 1943 (Date received local registrar) (b) E. G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th, year 1943 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from April 7, 1943, to April 10, 1943 that I last saw him alive on April 10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SYPHILITIC HEART DISEASE, MYOCARDIAL DAMAGE ANGINAL SYNDROME.	Unkn.
Due to -	
Due to -	
Other conditions CEREBRAL ARTERIOSCLEROSIS (Include pregnancy within 3 months of death) WITH HEMIPLEGIA, RIGHT.	Unkn.

Major findings:
Of operations no
Of autopsy No autopsy. Zoe

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) no

(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? Means of injury

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 4/10/43

(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 .....

Licensed Embalmer No. 3518

P. O. Address St Louis Ill

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.