V. S. No. 2
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Re 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15473

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1096

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6200 Ella Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6200 Ella Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY JANE MERRIFIELD.
3. (b) If veteran, name war Noen
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Eugene Merrifield.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased February (Month) 6, (Day) 1863. (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	1	hr. min.

9. Birthplace Vicksburg, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Midwife
11. Industry or business
MOTHER FATHER
12. Name Unkn
13. Birthplace unkn (City, town, or county) 9 (State or foreign country)
14. Maiden name unkn
15. Birthplace unkn (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. George A. Stillman.
(b) Address 6200 Ella Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966 Easton Ave.
19. (a) MAY 8 1943 (Date received by Registrar) (b) C. G. McKarver M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th. year 1943 hour 5 minute A.M. M.
21. I hereby certify that I attended the deceased from April, 1943, to May 7, 1943, that I last saw him alive on May 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis — Duration 2 yrs.
Due to Ch. Nephritis
Due to
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)
(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

23. Signature Keller Bros. (M. D. or other) M.D.
Address 6400 Easton Ave. Date signed 5/8/43

(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 3454 David C. Gibson, Registered Apprentice No.....,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.