

FILED AUG 7 1943 318

Registration District No. _____ Primary Registration District No. 1003

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether
In this community ? years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4423a Harris Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Pauline Merz

3. (b) If veteran, name war No

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 John Merz

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

7. Birth date of deceased January 26, 1864.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 6 0 _____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Merz

(b) Address 4423a Harris Ave.

17. (a) Burial (b) Date thereof July 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 28 1943 (b) J. J. Broderick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1943 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 5-19-42
_____ 19 _____ to 7-26-42 19 43
that I last saw her alive on 7-26-42 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage 1 da
Arteriosclerosis
Due to 1. Hypertension 3 elevated 3 7/10
Diabetes Mellitus 6 7/10

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

Major findings: Of operations no U
Of autopsy no

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? _____

23. Signature Geo. A. Mellies (Specify type of place) (M. D. or other) 8
While at work? _____ (e) Means of injury _____
Address 2739 N. Grand Date signed 7-27-43

12-2-78

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.....

working under my personal supervision:

Registered Apprentice No.

Signed

Calome Beck

Licensed Embalmer No. *2927*

P. O. Address *Worcester, 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.