

FILED AUG 23 1943

318

Registration District No.

1003

Primary Registration District No.

7375

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3744 Finney Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
In this community 1 Month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Merritt

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, wid. Wid.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Dec. 24 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 19 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

12. Name James Marsh

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Higgins

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

16. (a) Informant (Mrs.) Eva L. Vaughn

(b) Address 3744 Finney Avenue

17. (a) Removal (b) Date thereof 8-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texarkana, Texas

18. (a) Signature of funeral director Peoples' Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) AUG 19 1943 (Date received by registrar)
J. J. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County NR.
(c) City or town Texarkana
(If outside city or town limits, write "RURAL")
(d) Street No. 997
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1943 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 15 to Aug. 13, 1943, that I last saw her alive on July 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Hypertension

Due to Hypertension

Due to 80

Other conditions (Include pregnancy within 3 months of death) 80

Major findings: Of operations 80

Of autopsy 80

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Albaugh (M. D. or other)
Address 2316 Market St Date signed 8/16/43

Duration 1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 John G. Pettus

Licensed Embalmer No. 4184

P. O. Address St. Louis, 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.