

FILED MAY 20 1944

318

Primary Registration District No.

1003

Registrar's No.

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:
1019 N. Pendelton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Merrick Burley

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Burley 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 20th 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Misville Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ?

12. Name Jim Burley

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

14. Maiden name Eydie Henderson

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

16. (a) Informant Elizabeth Burley

(b) Address 1019 N. Pendelton Ave

17. (a) Burial (b) Date thereof 5-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) MAY 1 1944 (b) J. F. Museck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St Louis Mo. 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 N. Pendelton Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 2nd 1944, to May 6th 1944
that I last saw him alive on May 5th 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease, Indefinite cardiac De-compensation 1 wk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations _____
Of autopsy _____

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 Leon A. Smart (M. D. or other) 0
Address 4069 1/2 Easton St. Louis Date signed 5/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

L. Boyler
my

Registered Apprentice No.

working under my personal supervision.

Signed

Lommie Boyler

Licensed Embalmer No.

2946

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.