

FILED NOV 30 1944
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9936

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. Louis MO,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hours & half
(Specify whether _____)
In this community _____
years, months or days 0

3. (a) PRINT FULL NAME Mathew Merkel
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ? 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased ? about 1891
(Month) (Day) (Year)

8. AGE: Years abt. 53 Months ? Days ? If less than one day hr. _____ min. _____

9. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____
12. Name ?
13. Birthplace ? 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady
(b) Address 5600 Arsenal

17. (a) Burial (b) Date thereof 11/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation old St. Peter & Paul

18. (a) Signature of funeral director Wm. E. M. O'Connell
(b) Address 924 Allen Ave

19. (a) NOV 22 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ST. Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 Emmett (If rural, give location) 13
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 21
year 44 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from 11/20/44
1944 to 11/21 1944
that I last saw h. live on 11/21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN 930
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy yes

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 D
23. Signature R. W. Maxwell (M. D.) (M. D. or other) _____
Address Isolation Hospital Date signed 11-22-44

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

MOTHER FATHER

844

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

OFFICE OF THE
REGISTERED EMBALMERS
AND FUNERAL DIRECTORS

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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 Mr

....., Registered Apprentice No.

working under my personal supervision.

Signed Mr. C. Mayhall

.....
Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.