21728
S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36185

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 9613

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) 41

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 510 1723

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1810 S. Broadway (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME JOHN MERRIMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Mae

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

7. Birth date of deceased June (Month) 19 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	21	____ hr. ____ min.

9. Birthplace Alton Illinois (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Retired

FATHER

12. Name John Merriman

13. Birthplace Alton (City, town, or county) Illinois (State or foreign country) 1

MOTHER

14. Maiden name ____

15. Birthplace ____ (City, town, or county) ____ (State or foreign country) 9

16. (a) Informant Lester L Merriman

(b) Address 2242 Indiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) /13 (Day) /44 (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A.W.McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) NOV 13 1944 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 year 1944 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from November 8, 1944 to November 10, 1944 that I last saw him alive on November 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia	Duration
Due to	
Due to	
Other conditions Chronic Pyelonephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy Same

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 Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Avenue Date signed 11/10/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. R. Crosson

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.