S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42121

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2482

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 9/12/42 (Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County 999

(c) City or town Evansville 1.2
(If outside city or town limits, write "RURAL")

(d) Street No. 314 E. Chandler Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MERRIWEATHER, Orlando

3. (b) If veteran, name war WW-I

3. (c) Social Security No. not rem.

4. Sex M 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Ophelia Merriweather,

6. (c) Age of husband or wife if alive not kn. years

7. Birth date of deceased April (Month) 14 (Day) 1889 (Year)

8. AGE: Years 55 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Todd Co. Ky. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Porter

11. Industry or business -

FATHER
12. Name Felix Merriweather
13. Birthplace Alabama (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lucy Mosby
15. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

16. (a) Informant Government Records,
(b) Address Veterans Adm.Facility,Jeff.Brks.Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J.H. Randle & Son
(b) Address 3133 Bell Ave

19. (a) DEC 8 1944 (Date received local registrar) (b) E.D. McSavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1944 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from September 12, 1942 to December 3, 1944
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ENCEPHALITIS, LETHARGICA (Parkinson Syndrome)	Unk.
Due to HYPERTENSIVE HEART DISEASE	Unk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No

Of autopsy No

93d

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) No
(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 W. A. GERMAN, M.D., (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 12-4-4
VAR-Jeff.Brks.,Mo.

(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 S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chouteau

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.