

FILED JUL 20 1945

STANDARD CERTIFICATE OF DEATH

State File No. 22295

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 6078

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Franklin 36
(c) City or town..... Pacific
(If outside city or town limits, write "RURAL")
(d) Street No..... R.R. 1, Box 3.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Fred Merk

3. (b) If veteran, name war..... No

3. (c) Social Security No..... None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced..... Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 25, 1886.
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation..... Farmer

11. Industry or business.....

MOTHER FATHER

12. Name..... August E. Merk

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

14. Maiden name..... Reka Meyer

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

16. (a) Informant..... Miss Edna Merk

(b) Address..... 3963 Lexington Ave.

17. (a) Burial (b) Date thereof July 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles Cemetery

18. (a) Signature of funeral director..... Calvin F. Reutz Funeral Home

(b) Address..... 4828 Natural Bridge Blvd.

19. (a) JUL 13 1945 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1945 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from 6-15-45
19..... to 7-11-45
that I last saw him alive on 7-11-1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Uremia
Bronchopneumonia
Duration 1 wk
2 Days

Due to..... Primary Carcinoma of the Bladder, Urinary
Due to.....
Other conditions (Indicate pregnancy within 3 months of death).....

Major findings: Of operations.....
Of autopsy..... Carcinoma of Bladder; Bilat. Hydronephrosis

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature..... Alvin G. Wolf
Address..... Jewish Hospital Date signed 7/11/45

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

Journal Hospital

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 A. Menard

Licensed Embalmer No. *4186*

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.