S. No. 2
0M—2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22298
6479

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 9

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

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: 1518 S. 8th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1518 S. 8th Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Mertz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Maud Mertz
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 4, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	2	19	hr. min.

9. Birthplace Pacific (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired Furrier
11. Industry or business
FATHER
12. Name Gotlieb Mertz
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Maud Mertz
(b) Address 1518 S. 8th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter and Paul
18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand
19. (a) JUL 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1945 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from 1944, 19 July 23 19 45
that I last saw him alive on May 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Last seen 2 mo. ago

Due to 450

Other conditions Diagnosis Comparing
(Include pregnancy within 3 months of death)

Major findings:
Of operations Phoenix
Of autopsy

Duration

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 R. J. Payne (M. D. or other)
Address University Dept. Date signed 7-25-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. J. Payne
University Clerk Bldg
Grand & Washington
8:30 am 12 am

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.