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

2853

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

656

State File No.

FILED FEB 7 1946

Registration District No. 318 Primary Registration District No. Registrar's No. 847

1003

1. PLACE OF DEATH:

(a) County ST. LOUIS CITY

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Christian 999

(c) City or town Taylorville 11
(If outside city or town limits, write "RURAL")

(d) Street No. 401 S. Webster NR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HARVEY MERCER

3. (b) If veteran, name war No

3. (c) Social Security No. 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 Grace

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 23 (Day) 1870 (Year)

8. AGE: Years 75 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Roseville (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Doctor

11. Industry or business Medical

FATHER 12. Name Thomas Mercer

13. Birthplace Belfast (City, town, or county) Ireland 4 (State or foreign country)

MOTHER 14. Maiden name Rebecca Jane Hunter

15. Birthplace (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Grace G. Mercer

(b) Address Taylorville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Taylorville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 25 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23 year 1946 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from JAN. 22, 1946, to JAN. 23, 1946; that I last saw him alive on JAN. 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death GASTRIC PERFORATION — Duration

Due to CARCINOMA OF STOMACH

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy AS ABOVE

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 0

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 1-23-46

(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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.