

No. 2  
M-2-43  
5-17-39  
P1 X35697

State File No. \_\_\_\_\_

FILED FEB 7 1946  
Registration District No. 318

Primary Registration District No. 100

Registrar's No. 1027

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:  
5465 Ruskin Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 717  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5465 Ruskin Ave. 9  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary H. Mertz

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Mertz

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

7. Birth date of deceased March 19, 1857.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 10 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Henry Reinker

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

14. Maiden name Unknown

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

16. (a) Informant J. E. Richman

(b) Address 3607 Ridgedale Ave.

17. (a) burial (b) Date thereof Jan 31, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Peres, Mo. Cemetery

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

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 30 1946 J. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th  
year 1946 hour 4:30 minute \_\_\_\_\_ A. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 21 1946 to Jan 28 1946  
that I last saw her alive on Jan 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 1-20-46

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature Raymond B. ... (M. D. or other) MD.

Address 3802 N. ... Date signed 1-29-46

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

MOTHER FATHER

3804 N. Grand  
St. Louis, Mo.  
12.2

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**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 Milinar  
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.**