

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 24 1946

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1223**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4464 Wallace 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 _____
years, months or days

3. (a) PRINT FULL NAME **John H. Mertens**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **490-12-7135**

4. Sex **male** **5. Color or race** **white**

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

6. (b) Name of husband or wife **Blanche**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **July 20 1882**
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Maintenance Man**

11. Industry or business **Delmar Bowling Alley**

12. Name **Theodore Mertens**

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

14. Maiden name **Elizabeth Schulte**

15. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Blanche Mertens**

(b) Address **4464 Wallace Ave.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **2-7-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 S. Kingshighway**

19. (a) 2-5-46 **(b) J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4464 Wallace Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3rd**
year **1946** hour **2:00** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic Stenosis;**
Cardiac Hypertrophy;

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **Patrick E. Taylor** (M. D. or other) **J**
Deputy Coroner Date signed **2-5-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6677

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

Edwin D. Mc Dermott

Licensed Embalmer No.

3024

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.