

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH OF MISSOURI
FILED **WAR 27 1945** **STANDARD CERTIFICATE OF DEATH**

10702 ✓

State File No. _____
Registrar's No. 679

Registration District No. 37 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9428 Marlowe 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9428 Marlowe 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William G. Merz
3. (c) Social Security No. _____
3. (b) If veteran, name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19 year 1946 hour 1:25 minute PM

4. Sex M. Color or race W.
5. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Isabel Merz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-10 1937 to 3-19 1946
that I last saw him alive on 3-19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 5 yrs.
Due to Hypertension 13 1/2 yrs. 7 yrs.
Due to Ch. nephritis 8 yrs.
Other conditions Hypertrophic Left Heart 10 yrs.
Arteritis
PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
68 11 6 — hr. — min.

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Tinner

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Merz 5
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Shrick
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Max Ho May
(b) Address 9428 Marlowe

17. (a) Burial (b) Date thereof 3 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Optmann Funeral Home
(b) Address 9222 Lockland Rd, Overland

19. (a) 3-22-46 (b) W. M. Gavan MD
(Date received local registrar) (Registrar's signature)

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 Herman H. Hoedke (M. D. or other) MD
Address 9651 Balford Rd Date signed 3-19-46

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

6
3
1

9561 9 T 398
JUL 16 1986

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *Rex P. Campbell*

..... Licensed Embalmer No. *3881*

..... P. O. Address. *W Harris, 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.