S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 29 1946

State File No. 14292

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 896

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hosp.
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 3418 Cherokee 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Thomas Mertell

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 Single 0

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased May (Month) 30 (Day) 1938 (Year)

8. AGE: Years 7 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation --Nil

11. Industry or business

FATHER
12. Name Fred Mertell
13. Birthplace Meta (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Norma Schultze
15. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Fred Mertell
(b) Address 3418 Cherokee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker-Heldenke
(b) Address 3634 Gravois Ave.

19. (a) 4-23-46 (Date received local registrar) (b) E G McGowan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1946 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from March 9, 1946, to April 19, 1946; that I last saw him alive on April 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral death 80

Due to Brain, abscess, left temporal lobe

Due to .....

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

Major findings:
Of operations .....
Of autopsy Brain abscess, left temporal lobe

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 0

23. Signature William E Evans (M. D. or other)

Address St Marys Hosp Date signed 4/20/46

(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 Robert C Wheele

Licensed Embalmer No. 2128

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.