S. No. 2
M—2-43
. 5-17-39
I X35697

16954

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18075

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1018

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5101 Weber Rd.
(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 St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 5101 Weber Rd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Louise L. Merkel

3. (b) If veteran, name war Nil

3. (c) Social Security No. 496-30-1235

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased December 16 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	4	20	..... hr. ..... min.

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

10. Usual occupation Bookbinder

11. Industry or business .....

FATHER
12. Name August Merkel
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Winter
15. Birthplace Soldier Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant August Merkel
(b) Address 5101 Weber Rd.

17. (a) Burial (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 5-11-46 (b) E. G. McGavran M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from May 20 1939 to May 6 1946
that I last saw her alive on May 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy 85 — Duration 8 yrs

Due to (Sudden) shock on hearing of father's sudden death.

Due to .....

Other conditions .....
(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)
While at work? ..... (e) Means of injury .....

23. Signature Walter L. Kelley (M. D. or other)
Address 9915 Gravois Affton Date signed May 7/46

(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.....Elmer R. Sadwell.....

Licensed Embalmer No.....4077.....

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.