

**FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH**

Registration District No. **318**

Primary Registration District No. **1003**

State File No. **18704**  
Registrar's No. **4635**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether  
In this community **Life**  
years, months or days)

**3. (a) PRINT FULL NAME**

**Sophia Mereto**

**3. (b) If veteran,**

name war **No**

**3. (c) Social Security**

**No**

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 **June 25, 1900**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**45 10 26** hr. min.

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

10. Usual occupation **Stenographer**

11. Industry or business **Lumber Co.**

12. Name **Anthony P. Mereto**

13. Birthplace **New York City, N.Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Sutter**

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

16. (a) Informant **Miss Josephine Mereto**

(b) Address **2611 Union Blvd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 24, 1946**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

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

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **MAY 23 1946** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2611 Union Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **21st**  
year **1946** hour **12:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Apr. 26**, 19**46**, to **Apr. 20**, 19**46**;  
that I last saw him alive on **Apr. 20**, 19**46**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration **11 hours**

Due to **Coronary thrombosis** **11 hours**  
**Chronic glomerulonephritis** **4 yrs.**

Other conditions **Diabetes mellitus**  
(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)  
(e) Means of injury **C**

23. Signature **Darrell L. Tansig** (M. D. or other) **MD**  
Address **4500 Olive** Date signed **May 21**

JUN 10 1948

4500 Olive St

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 A. Melman*

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.**