

S. No. 2
M-5-43
5-17-39
I X36877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18705

State File No. _____

FILED JUN 6 1948
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 4873

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
1930 Benton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

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. 1930 Benton St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Louis P. Merkel

(b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/15/46 19____ to 5/29/46 19____
that I last saw him alive on 5/28/46 19____
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: July 8, 1887
(Month) (Day) (Year)

Immediate cause of death: Valvular disease of heart

Due to _____

Due to _____

Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

58	10	21	hr. _____ min. _____
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Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Meat Cutter

11. Industry or business _____

MOTHER FATHER { 12. Name George Merkel

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

14. Maiden name Susannah Gerst

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma A. Merkel

(b) Address 1930 Benton St.

17. (a) Burial (b) Date thereof 6/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 31 1948 J. J. Bredbeck
(Date filed for burial) (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)

(e) Means of injury _____

23. Signature F. J. Bernard (D. or other) _____

Address 3115 S. Grand Date signed 5/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

17330

MAY 31 1948

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..... *Raymond F. Hornmann*
Licensed Embalmer No. *4266*
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.