

S. No. 2
DM-5-43
v. 5-17-39
I X36671

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18706

FILED JUN 6 1946
318

State File No. _____
Registrar's No. 4812

Registration District No. _____ Primary Registration District No. 1003

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: 3334 S. 18th St. rear
(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

3. (a) PRINT FULL NAME Laura Merle
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Adam Merle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 28 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Hungary (City, town, or county) (State or foreign country) 4
10. Usual occupation at home

11. Industry or business _____
12. Name John Mazal 4
13. Birthplace Hungary (City, town, or county) (State or foreign country)
14. Maiden name Katherine Untch
15. Birthplace Hungary (City, town, or county) (State or foreign country) 4
16. (a) Informant Anna Mich. 1
(b) Address 3334 S. 18th St. rear
17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marcus Cem.

18. (a) Signature of funeral director With Bro. R. N. Co.
(b) Address 2929 S. Jefferson Av.
19. (a) MAY 29 1946 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 24
(d) Street No. 3334 S. 18th St. rear (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1946 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from Nov 12 1945 to May 28 1946
that I last saw her alive on May 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis
(hypostatic) pneumonia
Due to _____
Due to _____

Other conditions Senility
(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 _____
23. Signature Angus C. B... (M. D. or other) 0
Address 3606 Grac... Date signed May 28, 46

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

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..... *B. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson av*

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.