

FILED MAY 31 1946
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State File No. _____
Registrar's No. 4510

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks.
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Gladys Louise Merry
3. (b) If veteran, name war _____ 3. (c) Social Security No. 107-07-5906

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nathanial 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 18 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Louis Wolfsberger

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

14. Maiden name Minnie Stawitz

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

16. (a) Informant Minnie Wolfsberger

(b) Address 7014 Plateau Ave.

17. (a) burial (b) Date thereof May 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) MAY 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7014 Plateau Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-4-46 to 5-17-46
that I last saw him alive on 5-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis
Due to Lues

Due to _____
Other conditions 30
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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)
Means of injury D

23. Signature Geo. A. Muller (M. D. or other)
Address 2729 N. Grand Date signed _____

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 3454

J. Robert Sidman

, Registered Apprentice No. 400

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address: 7456 Manchester

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.