

FILED JUN 31 1948

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... 23 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... Merlin Smith

3. (b) If veteran, name war.....
3. (c) Social Security..... 499-12-6355

4. Sex..... Male 2
5. Color or race..... Negro
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Unknown March 6, 1898
(Month) (Day) (Year)

8. AGE..... 48 years
alt 67
Month..... 2
Day..... 3
If less than one day..... hr. min.

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

10. Usual occupation..... Laborer

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... Elizabeth Hardiman

(b) Address..... 2691 N Whittier St

(c) Place: burial or cremation..... Anatomical Board

(d) Date of occurrence..... 5-10-48
(Month) (Day) (Year)

18. (a) Signature of funeral director.....

(b) Address..... 3500 Rutledge

19. (a) MAY 23 1948 (b) J. F. Brudeck
(Data received local registrar) (Registrar's signature)

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..... 2602 Pine St
(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..... 9
year..... 1946 hour..... 4 minute..... 15 A.

21. I hereby certify that I attended the deceased from.....
April 16, 1946, to May 9, 1946
that I last saw him alive on May 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Meningo-vascular Lues

Due to.....

Due to.....

Other conditions..... None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... None

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..... H. J. Gerwin (M. D. or other)

Address..... 2601 N Whittier St Date signed..... 5/10/48

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.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of St. Louis ss.

State File No.
Local Registrar's No. 4785

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of Jan, 1947, before me appears Ernest E. Gardner, who, upon his oath, states that the original record of birth death for Merlin Smith, died 5-9-, 1946, in the State of Missouri, and which was filed at on, 1946, should be corrected as follows:

Item No. 3 should read 499-12-6355

Instead of

Item No. 7 should read March 6 - 1898

Instead of

Item No. 8 should read Unknown
49-48-2-3

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Ernest E. Gardner Relationship uncle

4168 Emerson
Present Address.

Subscribed and sworn to before me this 22 day of Jan, 1947.

My Commission expires 3-4-49 Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

18919