

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25521

FILED AUG 5 1946  
318

State, File No. \_\_\_\_\_  
Registrar's No. 6462

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 8 days years, months or days)

3. (a) PRINT FULL NAME IRMA MERZ

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rev. John F. Merz 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 3, 1903  
(Month) (Day) (Year)

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

42 10 19 hr. min.

9. Birthplace Willow Lake, Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name The Rev. Herman Kothe

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

14. Maiden name Mary Eigel

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

16. (a) Informant Rev. John Merz

(b) Address 408 N. Argonne Rd., Spokane, Wash

17. (a) Burial (b) Date thereof July 27, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spokane, Washington

18. (a) Signature of funeral director Belderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 28 1946 J. F. Bredek  
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Washington (b) County 999

(c) City or town Spokane (If outside city or town limits, write "RURAL") 45

(d) Street No. 408 North Argonne Road (If rural, give location) N.R. 0

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1946 hour 5 minute 10 p.m.

21. I hereby certify that I attended the deceased from July 14, 1946 to July 22, 1946  
that I last saw her alive on July 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema

Due to Post operative overload following unilateral pneumoectomy

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations Adhesive pleuritis and pneumonitis with ~~abscess~~ bronchogenic carcinoma of the right lung.

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 Y. Fukushima (M.D. or other)

Address Barnes Hospital, Fukushima Date signed 7/27/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

30  
17  
9

City of St. Louis

*Emb separate Cert. to be filed*

JUL 23 1946

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.**