No. 2
I—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29955

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington. (If outside city or town limits, write "RURAL" and name of township).
(c) Name of hospital or institution: 0
St. Francis Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days. (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6 (If outside city or town limits, write "RURAL")
(d) Street No. 318 Olive St. 2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME Frances Louisa Mergelmeyer.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ G. Henry Mergelmeyer

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

7. Birth date of deceased August (Month) 21st. (Day) 1867 (Year)

8. AGE: Years 79 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Dutzow, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business X

MOTHER FATHER

12. Name Frank Dieckhaus,
13. Birthplace Unknown, (City, town, or county) Germany. 4 (State or foreign country)
14. Maiden name Mathilda Dickhaus,
15. Birthplace Dutzow, (City, town, or county) Missouri. 0 (State or foreign country)

16. (a) Informant Miss Thecla Mergelmeyer
(b) Address 318 Olive St. Washington, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1946. (Month) (Day) (Year)
(c) Place: burial ~~cremation or removal~~ Washington, Mo.

18. (a) Signature of funeral director Nelburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) 9/30/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th. year 1946 hour 2:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/18/46, 19..., to Sept 29, 1946, that I last saw h~~er~~ alive on Sept 29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Due to Pneumono-coccic septicemia,	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 2 HP	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 0

23. Signature [illegible] MD (M. D. or other)
Address Washington Mo Date signed 9/30/46

(Licensed Embalmer's Statement on Reverse Side)

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

28739

RECEIVED
District Health Officer No. 9,
District File Number 76-5
Date Filed 10-5-76

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 Lester H. Witt

Licensed Embalmer No. 3054

P. O. Address Washington, Me

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.