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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11276

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3338

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANTHONY MERONEY

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

4. Sex male 5. Color Wh 6. (a) Single, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 28 1947
(Month) (Day) (Year)

8. AGE: Years Months Day: If less than one day 6 h 5 min

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

10. Usual occupation

11. Industry or business

12. Name of father Perrell Lee Meroney

13. Birthplace of father Canton Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name of mother Ellenor Annford

15. Birthplace of mother North Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Perrell Lee Meroney

(b) Address 5711 Etzel

17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park

18. (a) Signature of informant J. F. Stewart

(b) Address 225 Union Bldg.

19. (a) MAR 28 1947 (b) J. F. Preseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5711 Etzel
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Mar 22, 1947 to Mar 28, 1947.
that I last saw him alive on Mar 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Premature 8 months
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

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) (2) Means of injury

23. Signature J. F. Bergman (M. D. or other) M.D.

Address 3220 Washington Date signed 3/28/47

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

MOTHER FATHER

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.

Not Embalmed

Signed *Bernard A. J. Stuar*

Licensed Embalmer No. *3500*

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.