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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11764
Registrar's No. 705

Registration District No. 377

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Missouri
(c) Name of hospital or institution St. Louis County Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(d) Street No. 1578 Ogden
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Joseph Merz
(b) If veteran, name war NO
(c) Social Security No. 499-01-8460

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25th year 1947 hour 4 minute 30 a.m.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise MERZ
6. (c) Age of husband or wife if alive 11-1883 years
7. Birth date of deceased 2-11-1883 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17th 1947 to March 25th 1947 that I last saw him alive on March 25th and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage and

8. AGE: Years 64 Months 1 Days 14 If less than one day hr. min.

Due to Hypertensive cardiovascular disease
Due to Atherosclerosis, generalized

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings: Of operations

11. Industry or business

Of autopsy No

MOTHER FATHER { 12. Name Herman Merz 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name (Mother) (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Louise Merz
(b) Address wife 1578 Ogden Wellston

17. (a) Burial (b) Date thereof 3 29 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Ceme.

18. (a) Signature of funeral director J. W. Clark
(b) Address 1125 Woodlawn Ave

19. (a) 3-27-47 (Date received local registrar)
(b) Ruth Allen MD (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)
(d) Date of occurrence
(e) Where did injury occur?
(f) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. H. Coffey MD (M. D. or other)
Address 601 Brentwood Ave Date signed 3-20-47

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 Alfred J. Doehner
Licensed Embalmer No. 2663
P. O. Address 5934 Alpha Ave

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.