. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39966

FILED DEC 15 1947
Registration District No.

Primary Registration District No. 1003

Registrar's No. 11149

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 or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1623 R Lucas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Merriweather
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 3 (Day) 1884 (Year)

8. AGE: Years 63 Months 0 Days If less than one day hr. min.

9. Birthplace Todd County (City, town, or county) Ky (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Stephen Merriweather
13. Birthplace unk. (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Mary unk
15. Birthplace Birmingham (City, town, or county) Ala (State or foreign country)

16. (a) Informant Adele Scott
(b) Address 3228a Lucas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.
18. (a) Signature of funeral director J. H. Candle & Son
(b) Address 3133 Bellaire
19. (a) DEC 5-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1947 to Dec. 3, 1947
that I last saw him alive on Dec. 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis and Hypertensive Heart Disease — Duration Undet.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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

23. Signature Oscar S. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 12/4/47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 S J Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chouteau

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.