S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1947 318

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

39968

State File No.

Registrar's No. 11047

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: 522 St. Joseph Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 522 St. Joseph Street
(If rural, give location)

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

If yes, name country

22

3. (a) PRINT FULL NAME ALEXANDER MERRYMAN

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Hattie

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 23, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	3	9	hr. min.

9. Birthplace ? (City, town, or county) Indiana (State or foreign country)

10. Usual occupation painter

11. Industry or business retired

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

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

Unknown

16. (a) Informant Hattie Merryman

(b) Address 522 St. Joseph Street

17. (a) ~~burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 12-4, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Vernon, Illinois

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) DEC 2 - 1947 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 2nd day
year 1947 hour 2:00 minute a M.

21. I hereby certify that I attended the deceased from June 29, 1947, to Dec 1, 1947;
that I last saw him alive on November, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis
Chronic Myocarditis
Mitral Regargitation.
~~Due to~~ Chronic Nephitis
Cystitis.

Due to

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

Major findings:
Of operations

Of autopsy

Duration
5 years
more than 2 years

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

23. Signature Leroy E. Ellison (M. D. or other) MD

Address 3610 So Broadway St Louis, Missouri Date signed 12-2-47

(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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.