No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 405351

FILED NOV 29 1947

Registration District No. 3477

Primary Registration District No. ~~3063~~ 6076

Registrar's No. 2426

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3531 S. JEFFERSON 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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

4. Sex FEMALE
5. Color or race WHITE
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 SEPT. (Month) 22 (Day) 1927 (Year)

8. AGE: Years 20 Months 2 Days - If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation STENOGRAPHER
11. Industry or business MONSANTO CHEMICAL CO.

FATHER
12. Name ALOYS F. MERSINGER
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name PEARL GARBER
15. Birthplace MO. (City, town, or county) (State or foreign country) 0

16. (a) Informant ALOYS MERSINGER
(b) Address 3531 S. JEFFERSON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) 11-24-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 22 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture & fracture of bones of face-occupant of automobile which collided with ~~xxxx~~ another automobile, near intersection of Highway 66 and ~~xxxx~~ Laclede Station Road.

Duration

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

17° 2

Major findings: Of operations .....

~~xxxxx~~

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) Accident 16
(b) Date of occurrence Nov. 22, 1947.
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road. (Specify type of place) Blunt impact
While at work? ..... Means of injury Crones 3
Signature Arnold J. Willmann (M. D. or other)
Address Clayton, Mo. Date signed 11/24/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1948

DEC 9 1947

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 Hamer C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.