

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. _____
Registrar's No. 11897

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: Barnes 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 St. Louis 96
(c) City or town Glendale 11
(If outside city or town limits, write "RURAL")
(d) Street No. 972 Glenmoor Lane 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Horace Claude Merry
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Carthaus
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 15 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 12 hr. min.

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

10. Usual occupation president

11. Industry or business Merry Motor Car Company

12. Name unknown Merry

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Blair

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen C. Merry
(b) Address 972 Glenmoor Lane, Glendale, Mo.

17. (a) burial (b) Date thereof 12-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd. St. Louis

19. (a) DEC 29 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1947 hour 11 minute 35 A.M.

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

Immediate cause of death Ventricular rupture?
Due to coronary thrombosis 12 hr.

Other conditions Angina pectoris
(Include pregnancy within 3 months of death)

Major findings: J. H. A.
Of operations.....
Of autopsy.....

Duration
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 James B. Ludwig (M. D. or other) M.D.
Address Barnes Hospital Date signed.....

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

MOTHER FATHER

Mar 10 30 am

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 Raymond L. Morris
Licensed Embalmer No. 4330

P. O. Address Maplewood, Mo.

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.