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FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 106

National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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..... St. John's Hosp. O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 2 WKS.
 (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..... Brentwood 9-
 (If outside city or town limits, write "RURAL")
 Street No. 8812 Madge 1-
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Leo H. Merz
 3. (b) If veteran, name war..... no
 3. (c) Social Security No.

4. Sex..... M O 5. Color or race..... W
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Anna Merz
 6. (c) Age of husband or wife if alive..... 57 years
 7. Birth date of deceased..... Dec. 3, 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 1 hr. min.

9. Birthplace..... St. Louis County, Missouri O
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Machinist

11. Industry or business.....
 12. Name..... Tony Merz 4
 13. Birthplace..... Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name..... UNKNOWN
 15. Birthplace..... Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Anna Merz
 (b) Address..... 8812 Madge Ave.
 17. (a) Burial (b) Date thereof..... 1-7-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Resurrection Cem.

18. (a) Signature of funeral director..... Jay B. Smith
 (b) Address..... 7456 Manchester
 19. (a) JAN 5 1948 (b) J. F. Bradeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month..... Jan. day..... 4
 year..... 1948 hour..... 8 minute..... A. M.
 21. I hereby certify that I attended the deceased from..... March 10
 1944, to..... Jan 4, 1948;
 that I last saw him alive on..... Jan 3, 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death..... Uremia
 Duration..... 3 days

Due to..... Post-operative, subtotal gastrectomy for duodenal ulcer 9 days
 Due to..... 3 years

Other conditions (include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....
 1. Congestion of lungs
 2. Infection of kidneys
 3. Infection of liver
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

22. If death was due to external cause, 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..... Michael Dulick (M. D. or other)
 Address..... 3319 Brentwood Blvd Date signed..... 1-5-48

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

MOTHER FATHER

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 _____

J. P. Burgess

Licensed Embalmer No. _____

4029

P. O. Address _____

Maplewood

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.