S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10475

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2901

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

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4922 Delmar Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry G.Mersch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Virginia Mersch

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Sept.18th.,1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
28	6	6	hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Harry F.Mersch
13. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Mollie Pfaff
15. Birthplace St.Peters (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs.Harry F.Mersch
(b) Address Route # 10,Ferguson,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 25 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th., year 1948 hour 12 minute 4 p. 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 General Peritonitis following gunshot wounds of abdomen inflicted with gun in the hands of one Stanley Gale Morgan in the home at 4922 Delmar Ground 1:15 AM March 16 1948 — Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Homicide
(b) Date of occurrence March 16 1948
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Gabon

23. Signature Patrick E. Eagle (M. D. or other)
Address Dale Date signed 3/20/48

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.