

STANDARD CERTIFICATE OF DEATH

Registration District No. **37**

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis,**  
(b) City or town **Rural, Meramec Twpsh.**  
(c) Name of hospital or institution:  
**Wild Horse Rd.**  
(d) Length of stay: In hospital or institution **3 weeks**  
In this community **3 weeks**

3: (a) PRINT FULL NAME **Christina Elizabeth Mertz,**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **George W. Mertz,**  
6. (c) Age of husband or wife if alive **4** years  
7. Birth date of deceased **Apr. 4 1866**

8. AGE: Years **82** Months **3** Days **20**  
If less than one day hr. min.

9. Birthplace **St. Louis Co. Mo.**

10. Usual occupation **Housewife (Retired)**

11. Industry or business **Own home**

12. Name **Melcoir Mertz,**

13. Birthplace **Unknown 9**

14. Maiden name **Katherine Greb,**

15. Birthplace **Unknown 1**

16. (a) Informant **Wm. Mertz,**

(b) Address **Chesterfield, Mo. R #1.**

17. (a) **Burial** (b) Date thereof **7/27/48**

(c) Place: burial or cremation **St. Paul Cem. Desferes, Mo.**

18. (a) Signature of funeral director **Schrader Funeral Home,**

(b) Address **Ballwin, Mo.**

19. (a) **7-26-48** (b) **Beulah J. Shappard**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **St. Louis, 96**  
(c) City or town **Creve Coeur,**  
(d) Street No. **Conway & Ladue Rds.**  
(e) Citizen of foreign country? **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **24**  
year **1948** hour **7** minute **50 A.M.**  
21. I hereby certify that I attended the deceased from **Aug 23**  
**1948** to **July 24** **1948**  
that I last saw her alive on **July 19** **1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Myocardial  
Mal-nutrition**  
Due to **Senility 93d**

Other conditions  
Major findings:  
Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
Means of injury  
Signature **Henry F. Scott** (M. D. or other)  
Address **Ballwin Mo.** Date signed **7/27/48**

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

**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 *Theo. Scheeler*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.**