

FILED OCT 9 1948 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8330

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific 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

3. (a) PRINT FULL NAME MERRIMAN, ROBERT HOLLIS

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Greta Merriman

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 11 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Pleasanton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Trainmaster

11. Industry or business _____

12. Name Jonathon Merriman

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

14. Maiden name Laura Chritton

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

16. (a) Informant Mrs. Greta Merriman

(b) Address Atchison, Kansas

17. (a) Removal (b) Date thereof 9-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 23 1948 (Date received local registrar)
J. F. Prosser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison

(c) City or town Atchison
(If outside city or town limits, write "RURAL")

(d) Street No. 217 N. 7th St. (If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 29 Aug
1948, to 22 Sept 1948.

that I last saw him alive on 22 Aug 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypoproteinemias edema

Due to Jaennic's carbons

Due to regenerative heart disease

Duration _____
_____ yrs.

Other conditions regenerative heart disease
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Of autopsy Jaennic's carbons

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? _____

While at work? _____ (Specify type of place) Means of injury 1)

23. Signature Marvin T. Purcell (M. D. or other)
Address 1755 Grand Blvd Date signed 9-22-48

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

MOTHER FATHER

1949

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 Elton M. Penahero

Licensed Embalmer No. 4283

P. O. Address. St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8330

On this 22 day of October, 1948, before me appears.....

Albert H. Hoppe, who, upon his oath, states that the original record of ~~MMK~~ death

for Robert Hollis Merriman, died Sept. 22, 1948, in the State of

Missouri, and which was filed at St. Louis on 9-23-48, should be corrected as follows:

Item No. 3 should read Robert Hollis Merriman -

Instead of Merriman Robert Hollis

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Albert H. Hoppe Undertaker
Affiant Relationship.

4700 Washington Blvd.
Present Address.

Subscribed and sworn to before me this 25 day of October, 1948.

My Commission expires Sept. 23, 1951 Edna G. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through the error as shown above if

ENCLOSURE

S-31108