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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 31268

Registrar's No. 8583

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:
5112 Raymond Ave /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood 12

(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 5112 Raymond Ave 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGIA C MERRELL.

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 2

6. (b) Name of husband or wife Hubert S. Merrell

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

7. Birth date of deceased March (Month) 24 (Day) 1863 (Year)

8. AGE: Years 85 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Sangamon County (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William Crenshaw. 4
13. Birthplace Unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Ann Leigh.
15. Birthplace Unk 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr H.S.Merrell.

(b) Address 5071 Westminster Place, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C R LUPTON & SONS

(b) Address 7233 DELMAR BLVD., U.CITY, 5, MO.

19. (a) OCT 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1948 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from June 14, 1947 to Sept 29, 1948 that I last saw her alive on Sept 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	2 yrs
Due to: Arteriosclerosis	4 yrs
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)

(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 [illegible] (M. D. or other)

Address 4100 Olive St Date signed 9/30/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. E. Jones.
4500 Olive St.
2 - 4:30 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.