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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38443

FILED DEC 14 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10472

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton, Mo. R # 1 3
(If outside city or town limits, write "RURAL")
(d) Street No. Conway & Spaede Roads
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Maria Mertz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mike Mertz
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 7, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
MOTHER FATHER
12. Name Henry Eschenbrenner
13. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Barbara Kropp
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mike Mertz
(b) Address Clayton, Mo. R#1, Box 279
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem., Olive & Lindbergh Rds.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Baldwin, Mo.
19. (a) DEC 2 1948 (Date received local registrar) (b) J. B. Fassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1, year 1948 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-24, 1948, to 12-1, 1948 that I last saw her alive on 12-1, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Arterio-sclerotic Heart disease.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Royal C. McLean M.D.
Address Parkwood Mo Date signed 12/2/48

Jefferson City Printing Co.

(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 Richard M. Bopp

Licensed Embalmer No. 4584

P. O. Address Baldwin, Me

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

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