

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39787  
04500

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN NORMANDY		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 WK.		d. STREET ADDRESS 5752 St. Louis Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home 4			

3. NAME OF DECEASED (Type or Print) Fred J. Merke			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1949	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 17	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Man Wester Union		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME John F. Merke		13b. MOTHER'S MAIDEN NAME Margaret Unknown		14. NAME OF HUSBAND OR WIFE Della Merke	
----------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Arthur J. [Signature] ADDRESS 5752 St. Louis	
---	--	------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) Bronchiectasis & Emphysema Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic dementia			INTERVAL BETWEEN ONSET AND DEATH 1 week 5 years 4721
--	--	--	--	--	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Nov 16, 1949, to Nov 23, 1949, that I last saw the deceased alive on Nov 22, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Lewis Litzman MD (Degree or title)		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 11/24/49	
---	--	-----------------------------------	--	---------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
--	-------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. 11-25-49	REGISTRAR'S SIGNATURE Herbert R. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Benard Nichols		ADDRESS 1431 Union Blvd.	
-----------------------------------	--	---	--	--------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

96  
0  
2

DEC 6 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

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.