

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED JAN 26 1950

State File No.

318

1003

361

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 1518 South 8th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		2239	
3. NAME OF DECEASED a. (First) Maude		b. (Middle)	
c. (Last) Mertz		4. DATE OF DEATH (Month) (Day) (Year) 1-12-50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9-2-76
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Kuess		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Charles Mertz			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Mertz	ADDRESS 905 Park Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH Heart failure
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Pyelonephritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) MA	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leavo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1-12-50 5:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-30-49** to **1-12-50**, 19____, that I last saw the deceased alive on **1-12-50**, 19____, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. A. Spaulding, M.D.	(Degree or title)	23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 1-12-50
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 1-14-1950	24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL JAN 13 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bro. Und. Co.	ADDRESS 2201 S. Grand
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James R. Dunn* _____

Licensed Embalmer No. 4527 _____

P. O. Address 2201 S. Grand Bl. _____

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.