

FILED JUN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5275

318

1003

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 <i>MISSOURI</i> b. COUNTY			
b. CITY OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>ST. LOUIS</i>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4136 FLAD AVE.</i>				d. STREET ADDRESS (If rural, give location) <i>17 4136 FLAD AVE.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>LOUIS</i> b. (Middle) <i>EDWARD</i> c. (Last) <i>MERRITT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 7, 1951</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>JAN. 17, 1885</i>		9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Selector</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>GRAYBAR ELEC. CO.</i>		11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>EDWIN F. MERRITT</i>			13b. MOTHER'S MAIDEN NAME <i>JULIA K. GRUNDHOEFER</i>		14. NAME OF HUSBAND OR WIFE <i>SINGLE</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>492-07-6513</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>MISS EDNA G. MERRITT 4136 FLAD AVE.</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute nephritis</i> ANTECEDENT CAUSES <i>Chronic Nephritis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Edema of Lungs</i> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>422, 2</i>			
22. I hereby certify that I attended the deceased from <i>5/17</i> to <i>6/7</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/7</i> , 19 <i>51</i> , and that death occurred at <i>7:30</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Dr. C. H. Harris, M.D.</i>				23b. ADDRESS <i>3012 Lafayette</i>		23c. DATE SIGNED <i>6/8/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JUNE 11, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>BELLEFONTAINE CEM.</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>JUN 8 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. J. Robert & Co. 1905 So. GRAND Blvd.</i>			

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

3012 Lafayette

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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.