No. 300
10-48

FILED JUL 27 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25613

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2686

**1. PLACE OF DEATH**
a. COUNTY: ST. LOUIS 4007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD
c. LENGTH OF STAY (in this place): 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3316 OXFORD

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD 4544
d. STREET ADDRESS (If rural, give location): 3316 OXFORD AVE

**3. NAME OF DECEASED** (Type or Print)
a. (First): PHILLIP
b. (Middle): J
c. (Last): MERTZ

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 16, 1951

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JAN. 29, 1869
**9. AGE** (In years last birthday): 82
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RETIRED
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): KIRKWOOD, MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: MERTZ
**13b. MOTHER'S MAIDEN NAME**: NOT KNOWN
**14. NAME OF HUSBAND OR WIFE**: MARY C. MERTZ

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: MARY C. MERTZ
**ADDRESS**: 3316 OXFORD AVE

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): —

DUE TO (c): — 4221

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: General Arteriosclerosis — years

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

22. *I hereby certify that I attended the deceased from* July 5, 1951, *to* July 16, 1951, *that I last saw the deceased alive on* July 16, 1951, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Vincent F Townsend MD
**23b. ADDRESS**: 3101 Sutton ave Maplewood Mo
**23c. DATE SIGNED**: 7-18-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JULY 19, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: MT. OLIVE CEM
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS MO

**DATE REC'D BY LOCAL REG.**: 7-18-51
**REGISTRAR'S SIGNATURE**: Herbert R. Lombe MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: M. J. CROGHAN
**ADDRESS**: 7146 MANCHESTER

(Licensed Embalmer's Statement on Reverse Side)

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

R. TOWNSEND SUTTON

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Roland O'Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address.....

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.