No. 300
10.48

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25622

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2650

1. PLACE OF DEATH
a. COUNTY: St. Louis 4047X
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland Mo.
c. LENGTH OF STAY (in this place): Years -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3244 Marshall

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): Overland 4047X
d. STREET ADDRESS (If rural, give location): 3244 Marshall

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Merkley

4. DATE OF DEATH. (Month) July (Day) 12 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 25 1869
9. AGE (In years last birthday): 81 — If under 1 year: Months 11 Days 17 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Litchfield Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Adam Merkley
13b. MOTHER'S MAIDEN NAME: Fannie George
14. NAME OF HUSBAND OR WIFE: **
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.: _____
17. INFORMANT'S SIGNATURE OR NAME: Miss Rose Leonhardt — ADDRESS: 3244 Marshall

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 Pericarditis — 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) Bronchial Asthma

DUE TO (c) Cardiac Asthma

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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) a.m. p.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 1, 1951, *to* July 12, 1951, *that I last saw the deceased alive on* July 12, 1951, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. P. Schumacher MD
23b. ADDRESS: 8816 St Charles Rd
23c. DATE SIGNED: July 12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: July 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Valhalla
24d. LOCATION (City, town, or county) (State): St. Louis County Missouri

DATE REC'D BY LOCAL REG. 7-13-51
REGISTRAR'S SIGNATURE: Albert P. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ORTMANN FUNERAL HOME 9222 LACKLAND

— (Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Al C Oitmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.