

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35393  
9663

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2715 Dayton Street		2/STREET ADDRESS (If rural, give location) 2715 Dayton Street	

3. NAME OF DECEASED (Type or Print) Alice			a. (First)		b. (Middle)		c. (Last) Merchant		4. DATE OF DEATH (Month) (Day) (Year) 10-27-51				
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7		8. DATE OF BIRTH 3-27-1886		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 7 Days 0		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Scott Finch			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Alford Merchant					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Wilkes			ADDRESS 2715 Dayton St.		

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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		ANTECEDENT CAUSES							
		DUE TO (b) Hypertensive cardiac vascular disease							
		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 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? H H B X					

22. I hereby certify that I attended the deceased from 11-26, 1949, to 10-27, 1951, that I last saw the deceased alive on 10-25, 1951, and that death occurred at 5:26 p.m., from the causes and on the date stated above.

23a. SIGNATURE Xa. Carlene A. Keel M.D.		(Degree or title)		23b. ADDRESS 1417 Franklin St. St. Louis		23c. DATE SIGNED 11-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 11-3-1951		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	

DATE REC'D BY LOCAL REG. NOV 1 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D. K.P.		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.		ADDRESS 2820 Stoddard	
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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 Lillian E. Culkin

Licensed Embalmer No. 4198

P. O. Address Shore 13.

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.