

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3490

State File No. 1003 Registrar's No. 0863

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0863	
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. LENGTH OF STAY (in this place) ABOUT 30 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 3522-2 Franklin Ave			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) EDDY c. (Last) MERRILL			4. DATE OF DEATH (Month) (Day) (Year) JAN-23-1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV-18-1867	9. AGE (In years last birthday) 85	10. MONTHS	11. YEARS	12. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERIOR DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) KINGSTON-MINES-ILL		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME CHARLES MERRILL		13b. MOTHER'S MAIDEN NAME EDDY		14. NAME OF HUSBAND OR WIFE LEONA MERRILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CHARLES MERRILL ADDRESS: MONMOUTH, ILLINOIS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 4:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE _____ (Degree or Title)				23b. ADDRESS 1300 Olive		23c. DATE SIGNED 1/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN-26-1953	24c. NAME OF CEMETERY OR CREMATORY PARKLAWN		24d. LOCATION (City, town, or county) (State) ST LOUIS CO. MO.		
DATE REC'D BY LOCAL REG. JAN 26 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Dasher - Aldrich Fun Home 2415 E. Groves MO.			

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Leslie Hales*
Licensed Embalmer No. *4395*
P. O. Address *Webster Groves*

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.