

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7780**  
Registrar's No. **1945**

FILED MAR 11 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmiry</b>		d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) c. (Last) <b>Merkel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 17, 1953.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 23, 1883</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Fred Zimmerman</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Woest</b>	14. NAME OF HUSBAND OR WIFE <b>Jerome</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>City Infirmiry Records, 5800 Arsenal St.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular disease</b> DUE TO (c) <b>Residual hemiplegia right .</b>  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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>443X</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 3, 1951</b> , to <b>Feb. 17, 1953</b> , that I last saw the deceased alive on <b>Feb. 17, 1953</b> , and that death occurred at <b>8:45 pm.</b> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>Palmer Dumas Bowditch M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>2-18-53</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>2-20-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>5800 Arsenal St.</b>
DATE REC'D BY LOCAL REG. <b>FEB 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Ryan 5800 Arsenal St.</b>	

(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.

~~RECORDED IN INDEX~~ NOT EMBALMED

Student .....  
Student Embalmer

Signed..... CITY INFIRMARY RECORDS

Licensed Embalmer No. ....

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.