No. 300
10.48

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

FILED JUN 1- 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19691

State File No. 19691

BIRTH NO. 32638 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4989

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer Phillips Hospital 2069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5335 Ridge Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Eula
b. (Middle): Mae
c. (Last): MerriWeather

4. DATE OF DEATH (Month) (Day) (Year): May 17 53

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: April 24-53
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 24 / IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): ST. Louis
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: ROOsevelt MerriWeather
13b. MOTHER'S MAIDEN NAME: Eula Mae Taylor
14. NAME OF HUSBAND OR WIFE

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: Eula Mae MerriWeather 5335 Ridge 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)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Interstitial Pneumonitis
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 ☑ 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?

7640

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 250 A m., from the causes and on the date stated above.*

23a. SIGNATURE Patrick E Taylor (Degree or title) Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 5. 18. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 19. 53
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
24d. LOCATION (City, town, or county) (State): ST. Louis County M O

DATE REC'D BY LOCAL REG. MAY 18 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Boyd Bros Finney Ave

(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 embal not by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Item #3 corrected by an affidavit from the Informant - 12-10-73

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State File No. 19691

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1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer Phillips Hospital 2069

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: ST. Louis
e. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
f. STREET ADDRESS (If rural, give location): 5335 Ridge Ave

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Ble~~ Nova
b. (Middle): ~~Lee~~
c. (Last): MerriWeather

4. DATE OF DEATH (Month) (Day) (Year): May 17 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: April 24-53
9. AGE (In years last birthday): If under 1 year: Months / Days: 24 / If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST. Louis
12. CITIZEN OF WHAT COUNTRY?: U S
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13b. MOTHER'S MAIDEN NAME: Eula Mae Taylor
14. NAME OF HUSBAND OR WIFE:
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16. SOCIAL SECURITY NO.:
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ADDRESS: 5335 Ridge Ave

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20. AUTOPSY? YES ☑ NO ☐

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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?: 7640

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* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E Taylor Coroner (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5.18.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 19, 53
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
24d. LOCATION (City, town, or county) (State): ST. Louis County M O

DATE REC'D BY LOCAL REG. MAY 18 1953
REGISTRAR'S SIGNATURE: J Earl Smith MD
MD
25. FUNERAL DIRECTOR'S SIGNATURE: Boyd Bros Finney
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)