

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30237

State File No. 7443

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7443</u>						
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>								
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Eonhomme Township</u>		#749						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Clayton Rd.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>P.</u>		c. (Last) <u>Mertz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 11, 1874</u>		9. AGE (in years last birthday) <u>79</u>   If under 1 year: Months <u>6</u>   Days <u>17</u>   If under 24 hrs: Hours _____   Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Louis Mertz</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Seiler</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Mertz Mertz</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Mertz, Rt 1 Clayton, Mo.</u>					ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) <u>Hypertension</u>  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) (Min.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>Jan 15, 1952</u> , to <u>July 28, 1953</u> , that I last saw the deceased alive on <u>July 23, 1953</u> , and that death occurred <u>at 9:30 p.m.</u> from the causes and on the date stated above.												
23a. SIGNATURE <u>Henry F. Scott M.D.</u> (Degree or title)						23b. ADDRESS <u>Ballwin Mo</u>			23c. DATE SIGNED <u>July 30 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emlawn</u>			24d. LOCATION (City, town, or county) (State) <u>Clayton &amp; Ballas Rds.</u>					
DATE REC'D BY LOCAL REG. <u>Jul 31 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home, Ballwin, Mo.</u> ADDRESS _____						

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.

Signed \_\_\_\_\_

*Richard Bopp*

Student .....

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4584*

P. O. Address \_\_\_\_\_

*Ballewin, Mo.*

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.