

STANDARD CERTIFICATE OF DEATH

State File No. 44777

FILED DEC 21 1953

XC-693 286

R.# 112104

BIRTH NO.

REG. DIST. NO.

317

PRIMARY REG. DIST. NO.

500

Registrar's No.

3151

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY BOND					
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 147 days		c. CITY OR TOWN GREENVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				e. STREET ADDRESS (If rural, give location) 8120 8					
3. NAME OF DECEASED (Type or Print)		a. (First) BEN		b. (Middle) (NMI)		c. (Last) MERRIFIELD			
4. DATE OF DEATH		(Month) 12		(Day) 9		(Year) 53			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 1893			
9. AGE (in years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER			10b. KIND OF BUSINESS OR INDUSTRY COUNTY EMPLOYEE			11. BIRTHPLACE (City and State or Foreign Country) GREENVILLE, ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME JOHN MERRIFIELD		13b. MOTHER'S MAIDEN NAME LORINDA CURTIS		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS. MO.			ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION ACUTE BRAIN SYNDROME WITH CIRCULATING DISTURBANCE				INTERVAL BETWEEN ONSET AND DEATH 10 Min.			
ANTECEDENT CAUSES		DUE TO (b) ARTERIOSCLEROTIC INFARCT							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		CHRONIC BRAIN SYNDROME, CNS SYPHILIS, MENINGO VASCULAR TYPE				5 months			
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500B				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?					
22. I hereby certify that ^{VA} attended the deceased from <u>7-15-53</u> , 19 <u> </u> , to <u>12-9-53</u> , 19 <u> </u> , XXXXXXXXXXXXXXXXXXXX and that death occurred at <u>11:10a.</u> , from the causes and on the date stated above.									
23a. SIGNATURE J. J. McFadden, M.D.				23b. ADDRESS VA HOSPITAL, JEFF. BKS. MO.		23c. DATE SIGNED 12-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/10/53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) GREENVILLE IL			
DATE REC'D BY LOCAL REG. 12/10/53		REGISTRAR'S SIGNATURE Herbert B. Sommers		25. FUNERAL DIRECTOR'S SIGNATURE M. G. Wade		ADDRESS GRANBERRY 4202 FINNEY			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Melvin E. Gre

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.**