

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **45444**
 Registrar's No. **12149**

FILED JAN 19 1954

REG. DIST. NO. **318**

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 12149	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 22490			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place) Mo		c. CITY OR TOWN ST. LOUIS		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 ALEXIAN Bros. Hosp				e. STREET ADDRESS (If rural, give location) 24 2853rd S. 13th ST			
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) P. c. (Last) MERTZ			4. DATE OF DEATH (Month) (Day) (Year) DEC. 23 1953				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 11 1910	
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY PACKERS PRD.		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CHARLES MERTZ		13b. MOTHER'S MAIDEN NAME MAUDE MARTIN		14. NAME OF HUSBAND OR WIFE CATHERINE MERTZ	
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. 492-05-4286		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CATHERINE MERTZ 2853rd S. 13th			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - Right ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central vascular Tumor of Arteries DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None (Hemiplegia - Left side)					INTERVAL BETWEEN ONSET AND DEATH 10 Days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ventriculogram + arteriogram but conclusive					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 11/23, 1953, to 12/22, 1953 that I last saw the deceased alive on 12/21, 1953 , and that death occurred at 3:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Paul H. Whitcomb M.D.				23b. ADDRESS 2905 Chenue St. St. Louis Mo		23c. DATE SIGNED 12/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 26 1953		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. DEC. 24 1953		REGISTRAR'S SIGNATURE Dr. Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Lutz 2906 Travis			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....
Les J. Buddle
.....
Licensed Embalmer No. 3989

P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.