

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32017

FILED SEP 22 1954

State File No. 7766

Registrar's No. 7766

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1009</b>		State File No. 7766		Registrar's No. 7766		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>2 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland 423X</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>9116 East Milton</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b>			b. (Middle) <b>Kathryn</b>		c. (Last) <b>Merseal</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 22 54</b>			
5. SEX <b>Fem.</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 21, 1896</b>		9. AGE (In years, last birthday) <b>57</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Bapt. Hosp.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John T. Baker</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Gough</b>			14. NAME OF HUSBAND OR WIFE <b>Charles E. Merseal</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>497-07-1402</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lois Jett</b> ADDRESS <b>9116 E. Milton</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Breast</b>  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 <b>1 yr.</b> <b>2 yr.</b>		
19a. DATE OF OPERATION <b>8-17-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinomatosis - liver, peritoneum</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 I attended the deceased from <b>18/54 to 8-22-1954</b> , that I last saw the deceased alive on <b>8-22-1954</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>C. Rush McAdams MD</b>				23b. ADDRESS <b>906 Olive St. Louis Mo</b>				23c. DATE SIGNED <b>8-23-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/25/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>DeSoto, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>AUG 23 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann F. Home</b> ADDRESS <b>9222 Lackland</b>					

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Al C Ostmann* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3478* .....

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.