

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35708

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9275

| | | | | | |
|--|---------------------------|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 50 yrs. | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | e. STREET ADDRESS (If rural, give location) 227 507 S. 23rd Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) MERRIWETHER c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 10 10 54 | | | |
| 5. SEX F | 6. COLOR OR RACE 3 Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 2-16-1885 | 9. AGE (In years last birthday) 69 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Tenn | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME Henry Cook | | 13b. MOTHER'S MAIDEN NAME Kattie Spivy | | 14. NAME OF HUSBAND OR WIFE Troy Merriwether | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Longmeyer 2919 Madison St | |
| 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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis 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 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) 4201 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 0400 a.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Deputy Registrar | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 10/12/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 10-15-54 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | |
| | | | | 24d. LOCATION (City, town, or county) (State) County MO | |
| DATE REC'D BY LOCAL REG. OCT 13 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. GUS LOWE 2930 DICKSON ST | |

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 *Leroy C. Bannister*

Licensed Embalmer No. *452*

P. O. Address *3880 E. ...*

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.