

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35710
Registrar's No. 85772

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 13 years

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital e. CITY OR TOWN St. Louis f. STREET ADDRESS 5400 Arsenal Street

3. NAME OF DECEASED a. (First) Hildegard b. (Middle) Mertensmeyer c. (Last) Mertensmeyer

4. DATE OF DEATH September 17, 1954
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single 8. DATE OF BIRTH April 2, 1912 9. AGE (In years last birthday) 42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Employed 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Mertensmeyer 13b. MOTHER'S MAIDEN NAME Elizabeth Klumpe 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Miss Eleanor Mertensmeyer ADDRESS 2117 Adelaide Av

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia

INTERVAL BETWEEN ONSET AND DEATH 12 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital paretic

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 025X

22. I hereby certify that I attended the deceased from 1936, to 9-17, 1954, that I last saw the deceased alive on 9-17, 1954, and that death occurred at 5:00p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anthony K. Kunkel, M.D. 23b. ADDRESS 5400 Arsenal Street 23c. DATE SIGNED 9-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-21-54 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 20 1954 Math Hermann & Son, Inc. 2161 E. Fair Ave.

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 em
nb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement McGeant*.....

Licensed Embalmer No. *37*.....

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

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