

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31224

8033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL.				e. STREET ADDRESS (If rural, give location) 23 2126 Cushing						
3. NAME OF DECEASED (Type or Print) GERTRUDE			a. (First)		b. (Middle)		c. (Last) MERLI			
4. DATE OF DEATH		(Month) (Day) (Year)		SEPT. 13, 1955						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 10, 1881		9. AGE (In years last birthday) 74		
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 1 HRS. Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (City and State or Foreign Country) Austria Hungary			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown Levening			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John Merli				
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 ADDRESS John Merli--2126 Cushing				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
*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) thrombosis of left middle cerebral artery						12 days		
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
		DUE TO (b) hypertension								
		DUE TO (c) arterio sclerosis								
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death. brachycardia								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		447X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 9-3, 1955, to SEPT. 13, 1955, that I last saw the deceased alive on 9-13, 1955, and that death occurred at 12:30A., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) E Robert Schuff, M.D.					23b. ADDRESS 1515 LAFAYETTE AVE.			23c. DATE SIGNED 9-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/15/55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park			24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. SEP 13 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helders - 3634 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Robert C. [unclear]*

Licensed Embalmer No. *21*

P. O. Address..... *[unclear]*

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.