

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1955

38618

State File No. 10447

BIRTH NO. 92131-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |  | c. CITY OR TOWN St. Louis  |   |
| c. LENGTH OF STAY (in this place)<br>5 hrs 15 mins   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Honor G. Phillips   |  | e. STREET ADDRESS (If rural, give location)<br>2744 Delmar   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Villy<br>b. (Middle)<br>c. (Last) Merriweather   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>11 5 55   |   |
| 5. SEX Male  | 6. COLOR OR RACE Negro   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH 11-5-55  |
| 9. AGE (In years last birthday)  | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Hours   | IF UNDER 12 MIN. Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) Missouri  | 12. CITIZEN OF WHAT COUNTRY?                                    |
| 13a. FATHER'S NAME   |  | 13b. MOTHER'S MAIDEN NAME Annie Pearl Mierweather  | 14. NAME OF HUSBAND OR WIFE                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs E. M. Sherard 2601 N. Whittier  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth, neonatal death<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>7735 |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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) (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 11-5-55, 1955, to 11-5-55, 1955, that I last saw the deceased alive on 11-5-55, 1955, and that death occurred at 6:10 AM, from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title)<br>William H. Dinkler M. D.   |  | 23b. ADDRESS<br>2601 N. Whittier   | 23c. DATE SIGNED<br>11-9-55                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE<br>11-30-55  | 24c. NAME OF CEMETERY OR CREMATORY<br>Anatomical Board   | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo. |
| DATE REC'D BY LOCAL REG.<br>NOV 30 1955  | REGISTRAR'S SIGNATURE<br>Carl Smith MD   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Newland - Mortuary Service<br>St. Louis 19, Mo.  |   |

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

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.